TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be included by the haspital or attending physician.

TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and campletely filled, by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove parboa papers. Pages 1 and 2 should be filled with the State Board at Health priar to burial, cremation, ar remayal, and in any event, within 72 hours ofter death.

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M)	1 DIACE
	1. PLACE o. COI

MARYLAND STATE DEPARTMENT OF HEALTH

11880	CERTIFICAL CERTIFICA	AND RECORDS — BALTI	MORE 1, MA	ARYLAND	11	255
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WE O. STATE Maryla		A STATE OF THE PARTY	Washing	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporat			
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION 9 Fairgreen Circle		d. STREET ADDRESS 9 Dairgreen		3		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) WILLIS	LOOSE	ALTENDERFER	4. DATE OF DEATH	Octobe		oy veor
s. sex Male 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	August 1, 188		AGE (In years lost birthday)	Months Days	Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Salesman-Representative	Tannery	Hamburg,	Pennsyl		U.S.	F WHAT COUNTRY
13. FATHER'S NAME Irwin B. Altenderfe	er	14. MOTHER'S MAIDEN N				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no, or unknown] [If yes, give wor or dates of service]		Mrs. Ethel Al		Addr er Hag	erstown,	Md.
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.	ronzry T	hrom bos lerotic	, ,	- 9118	ON	TERVAL BETWEEN ISET AND DEATH hinves
OR CONTRIBUTING CAUSE OF DEATH	CONTRIBUTING TO DEATH BUT 25 th m 2 CRIBE HOW INJURY OCCURRE				EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. I While of wor	_ Not while _ fa	ACE OF INJURY (Home, farm ictory, street, office bldg., etc	, 20f. (City or	town)	(County) (State
21. I certify that (I) (this haspital) attends as the deceased alive an OCT 5 22a. s(GNATURE 22c. PHYSICIAN)S NAME (Typle)	Aot ma	ATTENDING M.D. PHYS. 22d. ADDRESS 2/4 N	ed. RECTOR Potom	STAFF PHYS D	Hager	22b. DATE SIGNEI
236. BURIAL, CREMATION, REMOVAL (Specify) Burial 10/7/1960 24 FUNERAL DIRECTOR'S SIGNATURE Suter Rouzer Funeral Ho	ADDRESS	emetery 25a. REC			(7)	

VR A1S (4) 1SM 9/59

MEST LIFE COM officers missorated 2 the start of themes, respublication actividates and produced and . . . that was a tribal The state of the state of 7.7 . or . see and a second of the Let will a little programme (a) T : 3 (i) 20 Continued to a manage of a second of the first of a second re facts of the state fates And the state of t

FOR STATE HEALTH DEPT

y is necessary, please de director. Page de for your files. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is icate, writing the word "pending" is pendil in Item 18. Give Pages 1, 2, and 3 ta the first orded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be reserved to a should be used as a burial-transit permit. File pages 1 and 2 with the State ogent, prior to burial, cremotion, at removal, and in arrevent within 72 hours after death. designated

≪.	3	-	-	
SICAL EX	certificate,	forworded	DIRECTOR:	the Manhamman and a second
W WEE	1	e fo	RAL DI	
TO DEPUTY MEDICAL EXA	execute	4 shout	TO FUNERAL	A. 180 A
VS.	A V 2	15	ME	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11881 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11856 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Washington				
b. CITY OR TOWN III outside corporate fimilis, write RURAL and give nearest fown) Hagerstown 15 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Hagerstown				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington County Hospital	d. Street address 545 N. Locust St. o. Is residence on a farm? YES \(\) NO \(\)				
3. NAME OF DECEASED (Type or print) Minnie May Aushern	man Logi A. DATE Month Doy Yeor OF DEATH October 15 19 60				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. Female White WIDOWED DIVORCED 1	DATE OF BIRTH 9. AGE In years lest birthday) 84 yrs. 1. 1876 9. AGE In years lest birthday) Manths Days Hours Min.				
100. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) House Wife Own Home	Near Downsville, Md.				
John Wells	Jennie Graham				
[Yes, no, or unknown] (If yes, give wor or dates of service)	Address 3. Grace M. Kershner Hagerstown, Md				
CAUSE OF DEATH. Tell down the steps 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20c. PLAC Hour o. m	at home. At home. CE OF INJURY (Home, farm. 201. (City or town) (County) (State) rry, street, office bldg., etc.) Hagerstown, Washington, Md. ve, held an Autopsy . Inspection . Inquiry . and in my , Suicide . Homicide . Undetermined manner . M.D. CHIEF MEDICAL EXAMINER .				
EXAMINER'S NAME (Type) Dr. E. W. Ditto Jr. 220. BURIAL, CREMATION, 225. DATE THEREOF 1226. NAME OF CEMETERY OR O	ASSISTANT MEDICAL EXAMINER 10-17-60 DEPUTY MEDICAL EXAMINER 10-17-60 CREMATORY 22d. LOCATION (City, town, or county) (51010)				
RIMOVAL (Specify) Burial 10-18-60 Rose Hill C 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	(3,0,0)				
Scott F. Minnich & Son Hagerstown	Md DATE OCT 20'60 Orthur & Kines				

104-57 JIOU 115 JUL AND WAR ARE THORNOUT TANK I SENT NEWS - The complete non an inch title

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

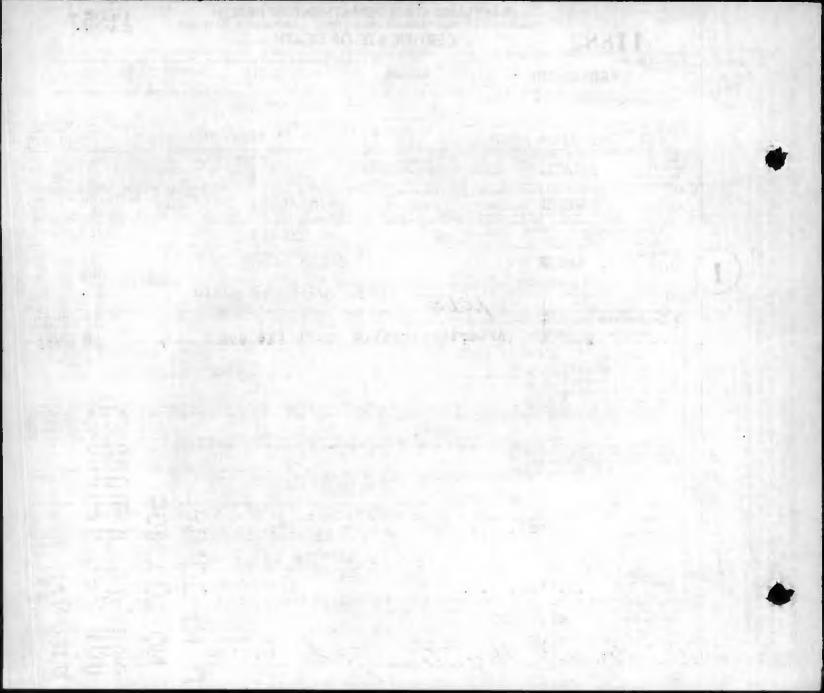
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1	1	0	0	5	

1. PLACE OF DEATH O. COUNTY WASHINGTON		MARYL	LAND	2. USUAL RES o. STATE	MARYL	AND	l lived. If instituti b. COUNTY				on)
b. CITY OR TOWN (If autside carporate li	mits, write c	LIFE	IN 1b		TOWN (IF O		rate limits, write R	URAL and	give nec	irest town	1
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION 321 WEST SIDE	give street add AVE?	dress)		d. STREET	ADDRESS PO	TOMAC	ST.				FARM?
3 NAME OF DECEASED (Type or print) SYLVIA	LEC LEC	ONA AUS	HLR	IAN Lo	zst	4. DATE OF DEATH	OCTOB	L R	Da	1 58 Y	(ear 6(
S. SEX FEMALE 6. COLOR OR RAC WHITE	WIDOWED	NEVER MARRIE		LO/	4-	195	9. AGE (In years last birthday)	Months	Doys Doys	Hours Hours	R 24 HRS Min.
100. USUAL OCCUPATION (Give kind of wordering most of working life, even if retire HOUSEWIFE)	k done 10b. KIN ed)	HOME	RINDUS		ARYLA		ountry)	12. CIT		S. A	
OLIVER T. BAKER				14. MOTHER	AH BY	REM	Н	AGER	STO	WN	
S. WAS DECEASED EVER IN U. S. ARMED F(Yes 170 or unknown) (If yes, give wor or dates		CIAL SECURITY NO.	17 IN	RS. JO	SEPHI	NE MO)ATS Add	ress	VI.	D.	
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	(b)	erioscle					, U		1	S mo	os.
PART II. OTHER SIGNIFICANT CO	ONDITIONS COR	None.	ATH BUT	NOT KELATED I	O THE TERMI	INAL DISEAS	E CONDITION GI	YEN IN PAR	(1 (0) 1	PERFO	RMED?
PART II. OTHER SIGNIFICANT CO	20b. DESCRI	BE HOW INJURY OF	CCURRE). (Enter nature	of injury in I	Part I ar Par	t (of item 18-)				
20c. TIME OF INJURY Month, Day, Hour a.m.	While _	Not while at work		CE OF INJURY tory, street, office			ar lawn)	(County)		(State
21. I certify that (I) (this hospitsaw the deceased alive on 220. SIGNATURE	ally attended 27	the deceased	that d	pr. 13 eath accurre	d all A	M, from	oct. 28	196 10-	e date	stated 22b	abave DATE SIGNEE
22c. PHYSICIAN'S NAME (Type) R.A.Be.	11, M.	D.		22d. ADDI		ersto	wn, Mar	ylan	d.		
230. BURIAL CREMATION, 23b. DATE THEF	1/60	ROSE H	TERY O	CEM.			TION (City, town,	or county)	3	(State	e)
24. FUNERAL DIRECTOR'S SIGNATURE	the	ADDRESS	1	m	4	D BY REGIST		STRAR'S SI			1-

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 moy be three by the haspital ar ottending physician.

Define DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detoched for use as the burial-transit permit. Then please remove carbon papers. Poges 1 and 2 should be filled with the State Board of Health prior to burial, crematian, ar removal, and in any event within 72 hours after death. TO HOSPE TO FUNE VR A1S (4) 15M 9/59



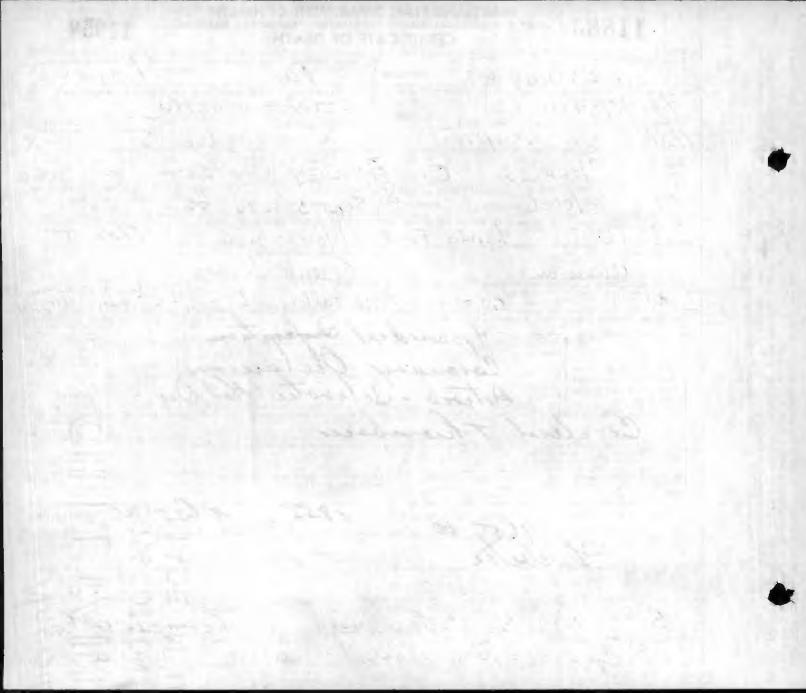
TO HOSPIL TO FUNE

VR A15 (4) 15M 9/59

11883

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH 905 6100 TOO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution (Residence before admission) b. COUNTY TO CIK Cur
b. CITY OR TOWN (If autside corporate limits, write put Al and give pagrest laws) O CU & C. LENGTH OF STAY IN 1b	c. CITY OR FOWN (If autside carporate limits, write RURAL and give negrest town)
d. NAME OF HOSPITAL (If not in haspital, give street address), or INSTITUTION OF A COSP. IT A	d. STREET ADDRESS ON A FARM? VES NO DE NO
3. NAME OF DECEASED (Type or print) CHARLES OR &	BAILEY OF DEATH OCH 10 1960
5. SEX 6. COLOR OR RACE, 7- MARRIED NEVER MARRIED OF WIDOWED DIVORCED	B. DATE OF BIRTH Sent 5-1874 9. AGE (In years last birthday) Sent 5-1874 9. AGE (In years last birthday) Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landis Tool	STRY 11. BIRTHPLACE (State or Foreign country) Co Mercens Lyng, Pa. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Uluknown	ama Jones
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 14 (16 yes, give war or dates of service)	
173-03-6182-11	no. Vallerson Dixon - Greencustle, p.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: MYO COLLOGE IMMEDIATE CAUSE (G)	al orofapelein 3 whi
De DUE TO	6///
Canditions if any which	Calusian 3wks
gave rise to immediate Dur 70	1/1/1
lying cause last. (c) Arthrea -	clarate But Dis, gold -
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 49. WAS AUTOPSY PERFORMED?
3 CEFELINA Theomel	race YES NO D
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II af item 18.)
	ACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State) clary, street, affice bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1955.19 to 10 CET, 1960, that (1) (we) last
saw the deceased alive on 1900 TT 1960 and that of	death accurred at 5: M. from the causes and an the date stated above.
220. SIGNATURE	22b. DATE
The Carles	ATTENDING MED. STAFF SIGNED PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	OR CREMATORY 23d. LOGATION (City, town, or county) (State)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
(1.6. Minnely - Greencast	6, / 4. DAGCT 13 '60 Circles S. Krous



Why.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11859

	CERTIFICATE OF DEATH	
Filed Will	ACE OF DEATH COUNTY Washington ACE OF DEATH COUNTY Washington ACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a state of the county washington) ACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a state of the county washington) ACE OF DEATH COUNTY Washington	re odmission)
	c. CITY OR TOWN (If autside corporate limits, write RURAL and give new Hagerstown 30 yrs. Hagerstown	
X	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 113 Beechwood Drive d. STREET ADDRESS 1115 Beechwood Drive	e. IS RESIDENCE ON A FARM? YES NO
	LME OF First Middle Last 4. DATE Manth Do	y Yeor L5 1960
	emale White WIDOWED DIVORCED July 24,1877 lost birthdoy Manths Days	IF UNDER 24 HRS. Haurs Min.
I	Housewife Own Home Falling Waters, W. Va. US	F WHAT COUNTRY?
	THER'S NAME William Warner Emerson 14. MOTHER'S MAIDEN NAME Clara Virginia Burke	
	AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No 219-20-2646B Mrs.Edith Clary 1113 Beechwood Dr. Hage	erstown, Md
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which) (b) (b)	ERVAL BETWEEN SET AND DEATH GUEST
	gave rise to immediate cause (a), stating the under-tying cause last. (c) Status Brown. Pensal (c)	1401-
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO 14
	0a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) R CONTRIBUTING CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)	
	Cc. TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED While Nat while at work of wark 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County)	(State)
	aw the deceased alive on fully 1960, and that death accurred at 6 M, from the causes and an the date	nat (1) (we) last e stated abave. 27b.DATE
Soard of a	M.D. ATTENDING MED. STAFF DIRECTOR STAFF PHYS. C. 22d. ADDRESS 159 W. Washington St.	10/12/6
0	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county) REMOVAL (Specify) 10/18/60 Rose Hill Cemetery Hagerstown	(State)
0	INERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE St Haven Funeral Chapel Hagerstown, Md. DATE OCT 19'60 Only 2. The	IRE

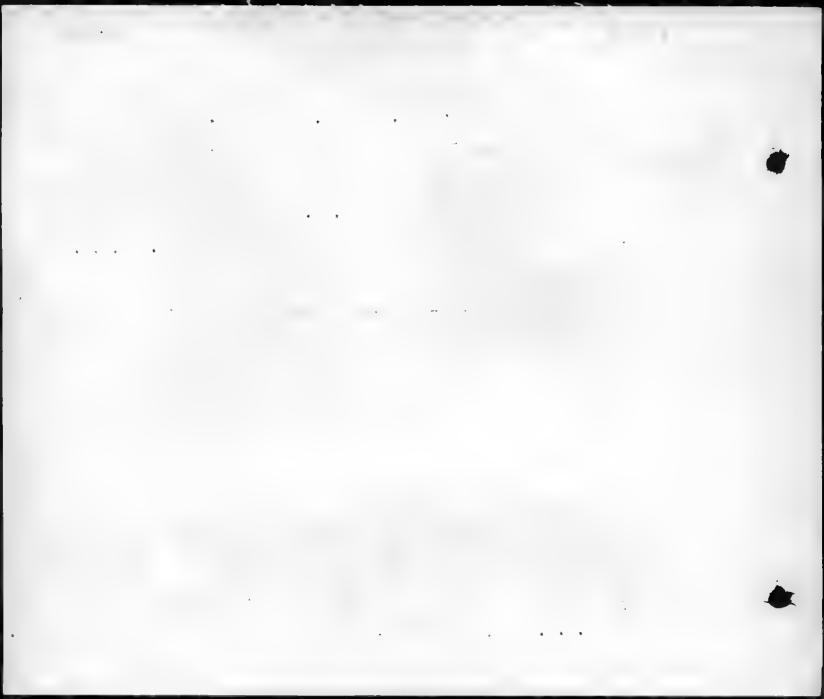
TO HOSPITAL VR A15 (4) 15M II/59

ALEST COMMENTS OF THE PARTY OF Maria Romani III. 11/4 proper terms of the

VR A1S (4) 15M 9/59 11885

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	1. PLACE OF DEATH			2 USUAL RESIDENCE (Who o STATE	ere deceased liv		Residence before	admission)
	a. COONT	Washington	MARYLAND	Mary!	land	b. COUNTY	Washing	gton
	b. CITY OR TOWN (If RURAL and give nea	outside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate	limits, write RURA	AL and give near	est tawn)
-	Hagerstow	n Maryland	40 Yrs.	35 N.Found	dry St	Ę,	and the same	
1	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give street	address)	d. STREET ADDRESS	V		² w 6	IS RESIDENCE ON A FARM?
		County Hosp	ital	Hagersto	wn Mar	yland		YES NO
"	3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year
	(Type or print)	Bertha	May	Barnes	DEATH	1.0	4	19 60
	5. SEX	6. COLOR OR RACE 7. MARK	IED NEVER MARRIED	B DATE OF BIRTH	9.		UNDER 1 YEAR	Haurs Min.
	F	WIDOW	D DIVORCED	Oct.15.188	3 '	76 yrs.	0071	14013
,2700	during most of working	N (Give kind of wark done 10b. ng life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote	or foreign caunt	7/)	12. CITIZEN OF	WHAT COUNTRY?
H		hine Oporato	r (Shoe)	Fulton	County	Penna .	H.S.	A
_	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME			
_	Charles	W Barnes		Jane A	Bisho	0		
	1S. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17 IP	IFORMANT		Address		Md.
	No	2	14-09-5225	ars Jessie	E The Co	isker L	ittle_	Orleans
	18. CAUSE OF DEAT	H [Enter only one cause per li	ne for (o), (b), and (c).]	17), 1	1	,	INTE	VAL PETWEEN
	PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)] ONSE AND DEATH ONSE AND DEATH							
	33 LL X DUE TO							
	Conditions (Const which)							
	gave rise to im	gave rise to immediate						
	couse (a), stating the lying couse lost.	(c)			()			/
	PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISPASE C	ONDITION GIVEN	IN PART 1(o) 19	WAS AUTOPSY
	PART II. OTHE							PERFORMED? YES NO
	200 ACCIDENT WAS	UNDERLYING [] 206 DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II	of item 18.)		7
		MEDICAL EXAMINER)						1
	20c. TIME OF INJURY Hour a.m.	,.	4-	ACE OF INJURY (Home, farm	20f (City or	town)	(County)	(State)
	Hour a.m.	19 While of wor	PIUL WALLS	ciory, sireer, orige blogs, esc			,	
	21 I certify that	(1) (this hospital) attend	led the deceased from	10/3/6/19	10/1	14/6	19 the	at (I) (we) last
	saw the decease	// //	1/11./ >0	leath occurred of all	M. from the	causes and		
	220 SIGNATURE	1/2/1	7/60	1// 0.301	,		10	28. DATE
	1 (Ca)()	VI TOLA	1	M.D. PHYS DI		STAFF PHYS []	1177	SIGNED
	22c NYSICIAN	- Topo ca		22d. ADDRESS				
	NAME (Type)	h Young	1	Williams	port !	Tarvland	d / /	
	23g BURIAL, CREMATION	I, 235 DATE THEREOF	28c NAME OF CEMETERY O			N (City Iown, or c		(State)
	REMOVAL (Specify)	10/8.60	St Patricks	Cemetery	Little	Orlean	ns Alle	gany Md
	24 FUNERAL DIRECTOR'S		ADDRESS	2Sq. RFC	D BY REGISTRAL	25b. REGISTR	AR'S SIGNATUR	E
1 2	Hours	I Alleno	Hanne	a not DATE OF	CT 11 '60	arth	ur S. Krain	A
20			/					



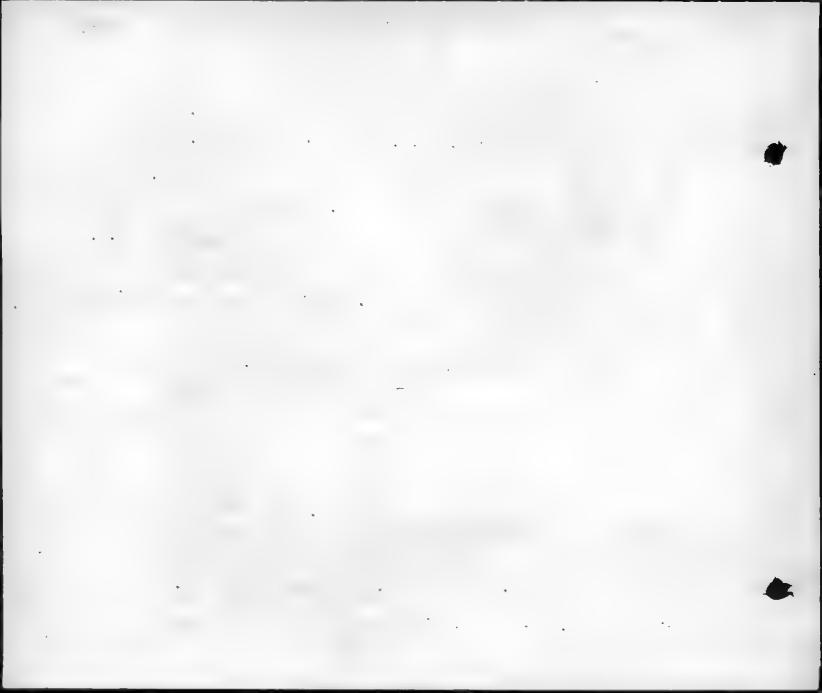
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11861

11000	CERTIFICAT	E OF DEATH		
1 PLACE OF DEATH	I	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution Re	sidence before admission)
Washington	MARYLAND	o. STATE Mary]	and b. COUNTY W	ashington
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		itside corporate fimits, write RURAL	ond give nearest town)
RURAL ond give neorest fown) Hagerstown		Sharps	burg Md.	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Washington County Hosp	oital (D.O.A)	108 N. Pot	comac St.	YES NO A
3. NAME OF First	Middle	Last	4. DATE Month	Day Yeor
(Type or print) Jacob	Edward	Bender	DEATH Oct.	20 19 60
S SEX 6. COLOR OR RACE 7. MARK	RIED 🕅 NEVER MARRIED 🔲 B	. DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HRS.
Male White willow		Feb. 6 190	8 52 yrs 8	3 13
10a. USJAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)		-		Z. CITIZEN OF WHAT COUNTRY?
Crane Operator	ement	Sharpsb	urg Maryland	U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
Webster Lee B			e May Hebb	
IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dates of service)			408	N. Potomac St
No 2	15 18 1001Mrs	s. Minnie M	yrtle Bender S	harpsburg Md
1B CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c)]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)				
DUE TO				
	emorrhage of	the upper	gastrointesti	nal
gove rise to immediate DUE TO	track - ga	astric or o	esophageal	12 hours
lying couse lost. (c)				
Part It. OTHER SIGNIFICANT CONDITIONS OF Chronic alcoho	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PART 1(a) 19 WAS AUTOPSY PERFORMED?
Curonic arcono				YES 🔲 NO 🎎
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	. (Enter noture of injury in P	ort I or Part II of item 18.)	
	fa ab	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f (City or town)	(County) (State)
Hour o m. 19 While of wor	1401 willing	ory, sireer, office didg., are.		
21. I certify that (I) (this haspital) attend	ded the deceased from	on Oct. 20.	1960	19, that (1) (we) last
saw the deceased alive an 10/20	/609 and that do	eath accurred at 9A	M, from the causes and or	
220. SIGNATURE	0)			226 DATE
Marion H.	stra) N	D. PHYS DIE	D. STAFF PHYS	10/21/60
22c PHYSICIAN'S NAME (Type) THO THE	Chaples W. D.	22d. ADDRESS	obume Md	
Walter H.	Shealy M. D.	Suarb	sburg, Md.	
230. BURIAL, CREMAT ON, 236 DATE THEREOF	23c. NAME OF CEMETERY OR		23d LOCATION (City, town, or cou	inty) (State)
Burial Oct. 22-60	Mt. View Cer	metery	Sharpsburg I	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE	MADDRESS +		BY REGISTRAR 256. REGISTRAR	'S SIGNATURE
LEVER XXLALOUR	KlamajouTr/1	DATEOCT	24 160 antim	2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be and by the haspital or attending physician.

TO FUNEX. DIRECTOR: After this certificate #35 meen signed by the attending physician and completely fitted by the funeral director, page 3 should be detacled for vers as the #uriol-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be fitted with the State Board of Health prior to buriol, cremation, or remayal, and in any event, within 72 hours after death. moy be TO FUNER VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11965

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-		4, 4, 4,				
1.	PLACE OF DEATH		MARYLAND	o, STATE	h COUNTY	on: Residence before admission)
\ <u> </u>	Washir			Marylan		Frederick w
1	RURAL and give not		c. LENGTH OF STAY IN 16			URAL and give nearest town)
L	Boonsbo		3 years	Middle	tow n	
	OR INSTITUTION	AL (If not in hospital, give street	oddress}	d. STREET ADDRESS	10	e. IS RESIDENCE ON A FARM?
R	<u>eeder Nur</u>	sing Home				YES NOTE
3.	NAME OF DECEASED (Type or print)	LeRoy (Jeorge LIC		DATE Mon	- 0
5	SEX	6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
	male	white wow	PED DIVORCED	8/15/1883	77 yrs	Months Days Hours Min
10	JSUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	laborer	ng life, even if retired)	farm	Marylan	.d	U.S.
13	. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	E	
	Cyrus Bl	ickenstaff		Flora Pal	mer	
15	WAS DECEASED EVER		SOCIAL SECURITY NO 17.1	NFORMANT	Add	ress
1/4	es, no, or unknown) (!	f yes, give wor or dates of service)	12-24-5031 J	. Woodrow Bli	ckenstaff,	Middletown, Mo
	Conditions, if on gove rise to in couse (a), stoting t lying couse lost.	mediate Dus To				
CERTIFICATION	PART II OTH					/EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		S UNDERLYING 206 DES CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED (Enter nature of injury in Part	or Part II of item 18 }	
MEDICAL	Hour a.m.	While		ACE OF INURY (Hame, farm, clary, street, office bldg., etc.)	Of. (City or town)	(County) (State)
	21. I certify that saw the decease	(I) (this haspital) attended alive an	1.0	7		194, that (I) (we) last and an the date stated above.
	226. SIGNATURE	Willan	97.65		STAFF FHYS	19 35. DATE 5, GNED
	22c PHYSICIAN'S NAME (Type)	g. Wikel	42	22d ADDRESS	50.20	ined
23	BURIAL, CREMAT ON	N, 23b. DATE THEREOF	23c, NAME OF CEMETERY C	OR CREMATORY 23d	I. LOCATION (City, town,	or county) (Stote)
	burial	10/20/1960	Grossnickl	e Cem. F	rederick C	o Md
24	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	Md 250. REC'D BY		STRAR'S SIGNATURE
	Gladhi	ll Company,	Middletown,	Md. DATE OUI	21.00	Irilan S. Mark

may be the haspital or attending physician.

D. FUNER MIRECTOR: After this certificate has been signed by the ottending physician and completely filled the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, cremotian, ar remaval, and in any event, within 72 haurs after death. OR ATTEMBING MHYSICIAN: Tile law requires that the death certificate be executed within 211 hours ofter death Page 4 TO HOSPIT TO FUNER

VR A15 (4) 15M 9/59



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

- J			
	o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence b. COUNTY	e before admission)
	b. CITY OR TOWN If outside corporate limits, write C LENGTH OF STAY IN 16 RURAL and give gearest town) A C 8 5 7 5 W A C 8 5 W A C 8 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 5 W A C 8 W A C	c. CITY OR TOWN (If outside carporate limits, write RURAL and gi	ve nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Mestern Management A State Hes	227/2 Phebusi Ave	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First / Middle DECEASED (Type or print) Samuel w,	Bayce 4. DATE Month Oct. 12	Day Year 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	MAY 15 - 1876 Strinday) Months	YEAR IF UNDER 24 HRS. Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	Fred. Co. Md	EN OF WHAT COUNTRY?
	13. PATHER'S NAME	14 MOTHER'S MAIDEN NAME	
_	(Yes, so, or unknown) (If yes, give wor or dates of service) 220-/4/453	1.5. Boy de - 4/7-MILLES	4. Fred
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Lobular press. DUE TO Conditions, if any, which) (b) Cerebral thi		INTERVAL BETWEEN ONSET AND DEATH DEAULOEKS IN MONTHS
	gove rise to immediate cause (a), stating the under- lying couse lost (c) general arkers	ioselerosis	znkneuw
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT		1(a) 19. WAS AJTOPSY PERFORMED? YES - NO -
	CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Part 1 or Part 1: of item 18.)	
		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (C	aunty) (State)
		n accurred at 2:34A M, from the causes and an the ADDRESS (Street, city or town, stole) M.D. Western Md. State Hospital	
	PHYSICIAN'S VICTOR L. Rames, m. 12.	Hagerstown, maryland	1 to at other star for
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CORNER	heL A.M.E. BORKITTSVI	LLC-MJ.
0	23. FUNERAL DIRECTOR'S SIGNATURE C', E, HICH'S THE Frederich - MC	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE



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VR A15 [4] 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	1. PLACE OF DEATH o. COUNTY WASHINGTON	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE MARYLA IL b. COUNTY ASH 16 J.							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	E. LENGTH OF STAY IN 16 PRS.	., c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) R JRAL WILLIA SRPORT						
1	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION WASHINGTON COUNTY HO	5 3					IS RESIDENCE ON A FARM? YES NO		
			Lost LINING	4. DATE OF DEATH	OCTOB		Day 25	Year 19 60	
	5. SEX 6. COLOR OR RACE 7. MARRIE FLMALL WHITE WIDOWED		3/12/1907		9. AGE (In years last birthdoy) Sometimes yes		YEAR IF UND Days Haurs	7	
	10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) HOUSEWIFE 13. FATHER'S NAME DAVID L. HOSE	IND OF BUSINESS OR INDUS	MARYLAN 14. MOTHER'S MAIDEN N MARY JANE	D AME		12 CITIZI	S.A.	COUNTRY?	
)	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (16 yes, give were or defee of service)	OCIAL SECURITY NO 17. IN 20-34-021	FORMANT JR. GUY L.	BRIN	RT**	#'? VII	LLIA A	SPOR'	
	18. CAUSE OF DEATH [Enter only one cause per line PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (c) Conditions, if any, which gove rise to immediate cause (a), stating the under- lying cause last. Part II OTHER SIGNIFICANT CONDITIONS CO	Myoca	NOT RELATED TO THE TERMIN	m vfa NAL DISEASE	CONDITION GIV	ZEN IN PART	ONSEIAN 1(o) 19. WAS	roits	
i	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	art or Port	II of item 18)		YES	NO [4.	
	A Hour o.m. Manne While		ACE OF INJURY (Hame, form, dary, street, affice bldg , etc.)		ar town)	(Co	ounty)	(State)	
	21 I certify that (I) (this haspital) attende saw the deceased alive an Cot 25 220 SIGNATURE: 22c. PHYSICIAN'S NAME (Type) Dr. John D. Tur	19.6.) and that d	eath accurred at 2.2	M, from	STAFF PHYS.	d on the	date state	d abave 2b DATE 5 GNED 26 - 6	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL ISOSCIEVE 10/27/60	23c. NAME OF CEMETERY OF REST HAVEN	CEM.	HA	ION (City town, GTRSTO)	М	_15.D	ate}	
-	24 FUNDRAL DIRECTOR'S SIGNATURE	Merilann		CT 2 7		STRAR'S SIGI			

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TO HOSPY may by TO FUNE.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	-		
		PLACE OF DEATH COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	- 6	b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest rown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Ĵ	Haacks Town 10 days	Hagerstow V 03
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e 15 RESIDENCE ON A FARM?
	Ц	Vest. My. STATE HOSP.	222 Sannit AVR. YES NOB
		NAME OF DECEASED.	Lost 4. DATE Month Day Year OF DEATH OF 24 1960
	5. S	(Type or print) **Receive of the Print Of LOVE SEX [6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH P. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS
	F	DIVORCED DIVORCED	May 25 1882 Isst birth loy) Months Days Hours Min
	10a.	J. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU	
		Housewife Own Hom	le W.Va. USA
	13.	EATHER'S NAME	14. MOTHER'S MAIDEN NAME
	(reorge W. BRAdy	Josephine Scotl NoLAND
1		s. no, or unknown) (If yes, give wor or dates of service)	INFORMANT / Address 610 Chestnuts
/	_	NO	RS. Helene Newnedy, HAGERSTOWN, MA
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY	ONSET AND DEATH
		42 (MMEDIATE CAUSE (a) POLY AS 77743 CO.	reduct infliction, anterior 2 days,
		Continue is an object of the contract of the	neroselerosis severe zinkmin
		gave rise to immediate couse (o), stoling the under	, , , , , , , , , , , , , , , , , , , ,
	_	lying cause last. (c)	
	NO		IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
1	FICA	O BENIAN NEPHROSCIENSIS Q OICL, SO 200 ACCIDENT WAS UNDERLYING FT 206. DESCRIBE HOW INJURY OFCURR	ED. (Enter nature of injury in Part I or Part II of item 18 (Ling infirstions)
	CERTIFI	OR CONTRIBUTING 🗆 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	the world
		20c. TIME OF INJURY Manth, Doy, Year 20d, INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f (City or town) (County) (Stote)
	MEDICAL	Hour a. m. p. m 19 While Not while of work	octory, street, office bldg., etc.)
			30pt-16, 1900 to Oct 124, 1960, that (1) (we) lost
			death occurred at//. A.M., from the couses and an the date stated above.
		220. SIGNATURE	ATTENDING MED STAFF 22b. DATE SIGNED
Ì		22c PHYSICIAN'S	M.D PHYS DIRECTOR PHYS. A Der 34, 191
/		NAME (Type) L'. L TORLI Raines	western md. State Hospital, Hager town,
	230	BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY	
	1	REMOVAL (Specify) 10/27/60 Fore HILL	Cemetery Charles Town Willa
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
		Andrew K. Coffmah Hagerstown, Md.	DATE OCT 2 6 '60 Chiller S. Krous



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

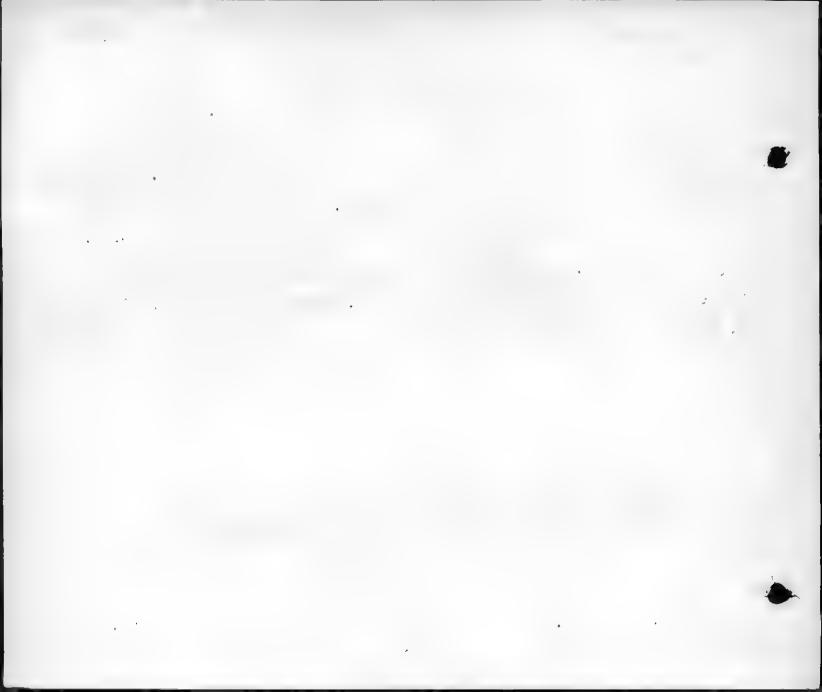
11866

L							
	PLACE OF DEATH	shington	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUNTY	washin Washin	fore odmission) gton
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give negretal town) Hagerstown C. LENGTH OF STAY IN 1b Hagerstown Hagerstown Hagerstown Hagerstown Hagerstown Hagerstown					
ì	A NAME OF HOSPITA	on County Hos	oddress)	d. STREET ADDRESS Sharpsbu		II he.	e. IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or prinf)	Herbert	Middle Wilson	Cullison	4. DATE Mont		2 1960
	s sex Male	6 COLOR OR RACE 7. MARR	32	Feb. 26 18	9. AGE (In years lost birthday)		R IF UNDER 24 HRS
- 1	 during most of working 	N (Give kind of work done 10b ing life, even if retired)		ISTRY 11 BIRTHPLACE (Stole Marylan			S. A
	13. FATHER'S NAME			14. MOTHER'S MAIDEN I			
	Johr	E. Cullison		Frances C	atherine Spr	inkle	
1		IN U. S. ARMED FORCES? 16. If yes, give war or dates of services 2		virs. Samuel	Palmer Hager	achime	Pike
1	/	TH [Enter only one couse per li IH WAS CAUSED BY IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).)			1114	TERVAL BETWEEN
	Conditions, if on gove rise to in couse (a), stating the trying couse lost.	nmediate DUE TO	Carf J.	notate			
		ER SIGNIFICANT COND TIONS O	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GIV	EN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	20c. TIME OF INJURY Hour o. m. p. m.	While	2.	LACE OF INJURY (Home, forn octory, street, office bldg , etc	n, 20f. (City or town)	(County	y) (Stote
	21. I certify that	t (I) (this haspital) attended alive an	/1 / .		M, from the causes an		that (I) (we) las
	220 SIGNATURE	hyp. Tw	CF		NED. STAFF PHYS.		226 DATE SIGNE
	22c. PHYSICIÁN'S NAME (Type)			22d ADDRESS			n ny nit va na ma ma na ma na nit dia dia 100 00
	230 BURIAL, CREMATION Burial (Specify)	Oct. 15-60	Greenlawn	or crematory Cemetery	Williamspor		(State)
4	2 EURAPAL DIRECTOR	Signature 1	illion of	DATE DATE		STRAR'S SIGNAT	

O HOSPIZAL OR ETTENDING ENVEIGLAN: The law remaines that the death certifinate be executed within 21—for after death. Page 4 may be pined by the haspital or attending physician.

O FUNE C. DIRECTOR: After this certificate has been signed by the attending physician and completely fille by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages I and 2 should be filed-with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death. TO HOSPI TO FUNE

VR A15 (4) 15M 9/59



TO HOSP!

VR A15 (4) 15M 9/59

1189 [

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

_									
1	PLACE OF DEATH o. COUNTY Washington	institution: Residence OUNTY Frede	e before admission)						
	b CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town) Hagerstown	vrite c LENGTH OF STAY IN 16 Since June-196	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick						
	d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION Western Maryland State	street oddress) Hospital	d. STREET ADDRE	ss A East Church	Street	e. IS RESIDENCE ON A FARM? YES NO			
3.	NAME OF First DECEASED (Type or print) Clares	Middle Parker C	last LUS HS	4 DATE OF DEATH	Month October	Day Year 12 1966			
5	200.23	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH 21 Sept 1	882 9. AGE (1	14 /1 17	TYEAR IF UNDER 24 HRS. Days Hours Min.			
10	s. LSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doorman	10b. KIND OF BUSINESS OR INDUS	Virgini			ZEN OF WHAT COUNTRY?			
13.	FATHER S NAME		14. MOTHER'S MAIL	DEN NAME					
	Robert P. Custis		Phoebe	Parker					
15.	WAS DECEASED EVER IN U. S. ARMED FORCES [15, no, or unknown] [Iff yes, give war or dates of service No	4	Powell Cus	tis, Onanock,	Address Va.				
	1B. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	per line for (a), (b), and (c).] Lobular pneum.	onia			INTERVAL BETWEEN ONSET AND DEATH 4 days			
	gove rise to immediate DUE TO	carcinoma (squ	ameus ceit)) base of tow	que	6 years			
TIFICATION	PART II. OTHER SIGNIFICANT CONDITION Of Coronary officers c.le. OR CONTRIBUTING CAUSE OF DEATH		D Kephrosek	eresis benigi	r	11(o) 19 WAS AUTOPSY PERFORMED? YES NO			
MEDICAL CERTI	20c TIME OF INJURY Month, Doy, Year Hour o. m.	20d. INJURY OCCURRED 20e PU While Not while for	ACE OF INJURY (Home, clory, street, affice bldg	, form, 20f. (City or town)	(C	County) (State)			
	21. I certify that (I) (this haspital) attended the deceased fram. June 13 1960, to October 12. 1960, that (I) (we) last saw the deceased alive an October 12. 1960, and that death accurred at 735M, from the causes and an the date stated above. 22a. SIGNATURE ATTENDING MED STAFF								
	22c. PHYSICIAN'S	L. Ramos, m.	22d ADDRESS	MED. STAFF PHYS		OCT 113/196.0			
	BURIAL, CREMATION, 236 DATE THEREOF 10-11;-60	23c NAME OF CEMETERY O		23d LOCATION (City Onanock,	_	(State)			
24	M. R. Etchison & Son	Frederick, Mary	land 250	RECID BY REGISTRAR 25	sb REGISTRAR'S SIG ده اسالمان.	SNATURE TELEMAN			

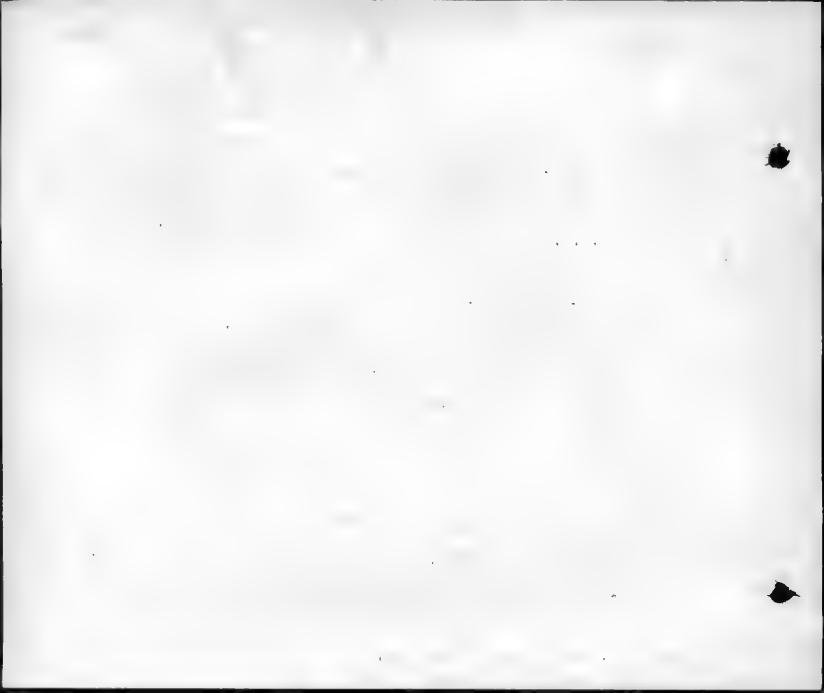


		1 23	2		CERTIFIC	AIE	JF DEATI	H 3()2	L	TOO	9
1	1. F	PLACE OF DEATH				2 US	UAL RESIDENCE (Where deceased			ce before or	dmission)
	ľ		ngton		MARYLAN	D	Larvla		Washin	gton		
	ŀ		f autside corporate lim	its, write	c. LENGTH OF STAY IN 1	b c	CITY OR TOWN (I	If outside corpo	rate limits, write R	URAL and g	ive nearest	town)
		Hagers			19 Yrs	9	> Hager	stown				
1		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION								e. 15	RESIDENCE	
1			rospect	St		1/6	48 No P	rospec	ot St			S NO 🔀
1,	3. 1	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Mor	ith	Day	Year
		Type or print)	WILLIAM		CALVIN	DAL	EY	DEATH	Octob	er 2	1960	19
	5 5	EX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. DAT	OF BIRTH		9. AGE (in years last birthday)	IF UNDER Manths		JNDER 24 HRS.
		Male	White	WIDOW	ED TO DIVORCED	Me	y 24 18	371	lost birthdoy) yrs		Duys no	PUIS /MIR
	10a.	. USJAL OCCUPATION during most of work	ON (Give kind of work ling life, even if retired	done 10b.	KIND OF BUSINESS OR IN	IDUSTRY 1	BIRTHPLACE (Sto	ote or fareign co	ountry) Pa	12.CIT		HAT COUNTRY?
1		Hostler	P.R.R.	7	Retired		osey tow	n Fran	nklin C	0	USA	
	13.	FATHER'S NAME				14.	AOTHER'S MAIDEN					
			Daley				Mary	Stou	ffer			
	15 (Yes	, no. or unknown)	R IN U.S. ARMED FOR	iervice)		7, INFORM	ANT		Add			
		No		7	18-07-9297	Norr	an Dale	ey 648	No Pro	spec	t St	
				use per li	ine for (o), (b), and (c).]	, E	agersto	own and.	,			AL BETWEEN AND DEATH
		PART I DEA	TH WAS CAUSED BY-)	Bunch	into	cum	mine.			4	sley-
		Lift in	O. O DUE TO		25		-	- 0			1	
		Conditions, if a		1	12mines	art	und 1	er lug	ښوس		16	m
		couse (a), sloting	NITE TO	FE	1	1 1	-					
	_	lying cause lost. (c) 1 (c) 1										
	ő	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 12/WAS AUTOPSY PERFORMED?										
	FICA	00 100000000000000000000000000000000000		Tool nea	Conc. House Division and	open is			H -5 't 10 \		YE	S NO B
	PART II. OTHER SIGNIFICANT CONDITIONS SONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 12/2 WAS AJT PERFORM YES NO ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
		20c TIME OF INJUR		10011	DILLINOV OCCUPATED 120-	DI ACE OI	INJURY (Home, fo	2006 (61)	41		·	(Stote)
	MEDICAL	Hour o. m.	Y Month, Day, Ye	While	Nat while	factory, s	reet, affice bldg.,	etc.)	or rownj	(c	County)	(Store)
	¥	p, m,		ol wo		- M	- ×v4	<i>P</i> -	-			
			7 .	L) atteni	ded the deceased fra		/ // /	1960 tal	2			(I) (we) last
		saw the deceas	sed alive and	42	T966 , and the	at death	occurred at /	M, fram	the causes ar	id on the	date sto	22b, DATE
		220 SIGNATURE	W. Ste	· do	ulb -	M.D	ATTENDING HYS	MED.	STAFF PHYS		136	SIGNED
		22c. PHYSICIAN'S NAME (Type)	T	11/	77.27	h (2d ADDRESS		*	7,	,	
			14 -		1110	1		will	e479 p	125/		
*	l -	BUR AL CREMATION REMOVAL (Specify)			23c NAME OF CEMETER				TION (City, Iown,		_	(State)
		urial	10/4/6	0		Cemer			rstown			ld.
4	24	andrew E		n U-	ADDRESS Lgerstown M	a		EC'D BY REGIST		ISTRAR'S SIC	MATURE	
36		THURSDAY TO BE	- OUTTHE	n na	FCIS COMI W	4.0	DATE	OCT 5	160		0 10	

oud 2 should be fited with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be sined by the hospital or attending physician.

TO FUNE AT DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health priar to burial, cremating, or removal, and in any event, within 22 haurs after death. VR A15 (4) 15M 9/59

hours after death Page 4



22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

9 9

VS A15 (4) 15M 9/55

220. BURIAL, CREMATION, 225. DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

24g, REC'D BY REGISTRAR

DATED CT 1 0 '60

22d_LOCATION (City_fawn, or county)

24b. REGISTRAR'S SIGNATURE arthur S. Frank

1869

IS RESIDENCE

YES NO NO

Year

19

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN 36 hours

10 months

WAS AUTOPSY PERFORMED?

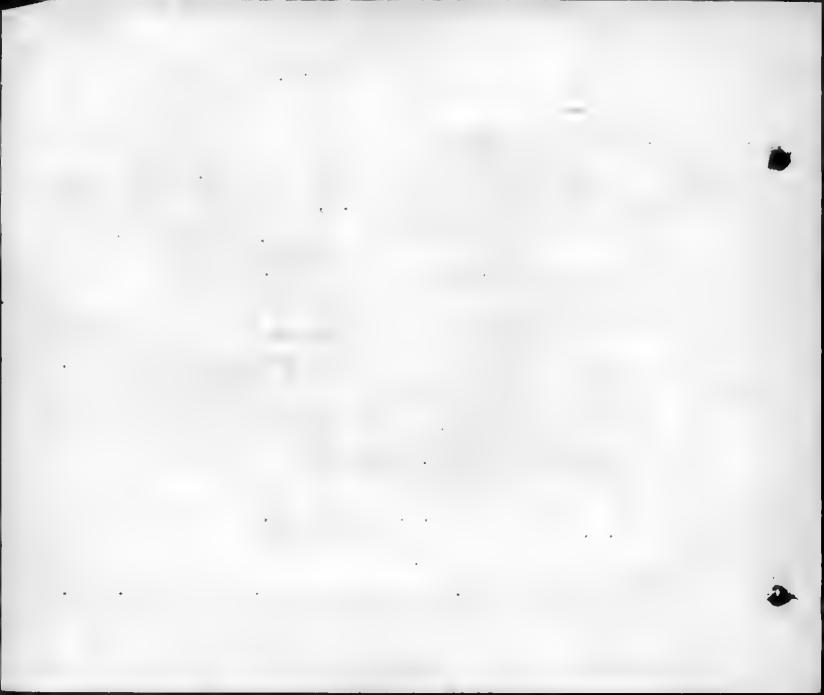
YES NO

(County)

(State)

Oct. 7,1960

(State) >



may be TO HOSPIT

VR A15 (4) 15M 9/59

€.

11894

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

- 14									
	PLACE OF DEATH o. COUNTY ASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE MD. b. COUNTY WASH.						
	b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town) HACERSTOWN	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) HAGERSTOWN						
1	d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION WASH. CO. HOSPITAL		d. STREET ADDRESS 125 E. FRANKLIN ST. o. IS RESIDENCE ON A FARM? YES \(\text{NO.K} \) NO.K						
	3. NAME OF POECEASED (Type or print) MAREL	Middle DEAT	Lost PRICH	4. DATE OF DEATH	Month IO	Day Year 6 19 60			
	S SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED B	DATE OF BIRTH DEC. 2I, 1879	9. AGE (In last built	years IF UNDER 11	YEAR IF UNDER 24 HRS ays Hours Min			
)	10c. USUAL OCCUPATION (Give kind of work done during mast af working life, even if retired) CLERK 13. FATHER'S NAME	D AME	U.S	A.					
	JOHN D. TURNER		MARTHA J.	PITTINGER					
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? [Yes, no, or unknown) [4] yes, give wor or dates of service,		ARGARET GREENE HAGERSTOWN, MD.						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. Part II. OTHER SIGNIFICANT CONDITIO	Pentinety Pert - Open ONS CONTRIBUTING TO DEATH BUT I		Apple de la proposición del proposición de la pr		PERFORMED?			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in P	Part I or Part II of item 1	B.)	YES NO			
	Hour o.m. Name W		CE OF INJURY (Hame, form, ory, street, office bldg, etc. None		(Coo	unty) (State)			
	21 I certify that (I) (this haspital) att saw the deceased alive an	1960, and that de	22d ADDRESS	M, from the cause	es and an the c	22b DATE SIGNED			
	230 BJR.AL, CREMATION, 236 DATE THEREOF BURIAL (Specify) 10/8/1960	BROADFORDING	CREMATORY	23d LOCATION (City, BROADFOR	DING, MD.	(Stote)			
	24. FUNERAL DIRECTOR'S SIGNATURE FRED W. KRAISS HAGERST	OWN, MD.		BY REGISTRAR 2Sb	CALLAR S.				



TO FUNER TO HOSPIZ

VR ATS (4) 15M 9/59

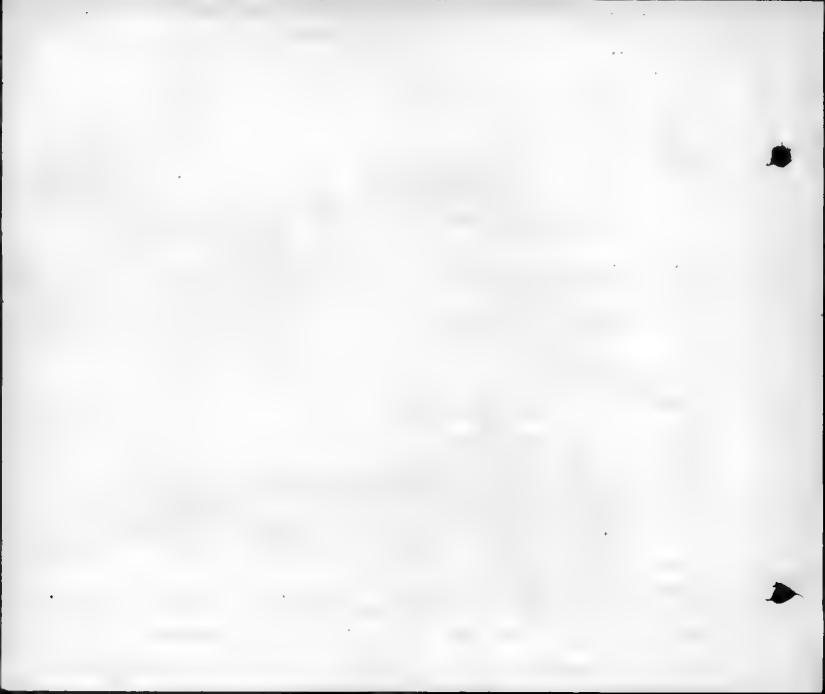
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	11969 bivision of		TE OF DEATH	NORE I, MARTI	LAND	11871			
	1. PLACE OF DEATH		2. USUAL RESIDENCE (Who			ion: Residence before admission)			
	%. COUNTY Washington	MARYLAND	g. STATE Maryla	ınd ^t	COUNTY Was	shingto	n		
-	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or						
	RURAL and give nearest town) Sharpsburg		Sharpsh	ourg					
	d. NAME OF HOSPITAL (If not in hospital, give street of	oddress)	d. STREET ADDRESS			e IS RE	SIDENCE		
İ	123 W. Antietam Stree	t	123 W. Ar	ntietam	St/		A FARM?		
	3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day	Year		
	(Type or print) Laura	Belle De	elauney	OF DEATH	Oct.	25	1960		
	5. SEX 6 COLOR OR RACE 7. MARR	HED TO NEVER MARRIED TO	B. DATE OF BIRTH	9. AG		R TYEAR IF UND			
	Female White wiDowe		Feb. 27 186	08 92		29 Hours			
	10a. JSUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)		STRY 11. BIRTHPLACE (State of	or fareign country)	12 CIT	FIZEN OF WHAT	COUNTRY		
	Housewife	Home	Sharpsbu			U.S.A			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME					
	John W. Fisher		Heler	Hines					
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	OG GIVE GEOGRAFIT FILES	FORMANT		Address	37.			
/	No	Ma	c. Mervin De	elauney	Sharpsh	ourg Md	١.		
	1B. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c)-]				INTERVAL B	BETWEEN		
	PART I. DEATH WAS CAUSED BY:	Cerebral ar	teriosclero	sis		ONSET AN	rs		
	DUE TO								
	Conditions, if any, which) (b)								
	gove rise to immediate								
	couse (a), stating the under-								
	Part II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN PA	RT 1(o) 19. WAS	AUTOPSY		
	Senility						ORMED?		
	9	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II of i	tem 18.)				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	3 20c. TIME OF INJURY Manth, Day, Year 20d. It	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or tow	rn)	(County)	(Stote		
	20c. TIME OF INJURY Month, Doy, Year 20d. It Haur o. m. 19 while at war		ctory, street, office bldg., etc.	1					
			1950 10	- 10/	26/60_19	Alica (II)	() I		
	21 I certify that (I) (this haspital) attend	10 60	leath accurred a 19						
	saw the deceased alive an 10/22	and that o	leath accurred at	Matram the c	auses and an th		d above		
	Waller H- Si	hendy "	M.D. PHYS ME	D STA	s □ OPt	. 28,	1960		
	22c. PHYSICIAN'S NAME (Type)		27d. ADDRESS						
	Walter H. S.	healy M. D.	Sharp	sburg,	Md;				
	23g. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, town, or county)	(Str	ote)		
1	Burial Oct. 28-60	Mt. View Co	emetery	Sharps	burg Md.				
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'U	BY REGISTRAR	256 REGISTRAR'S S				
	Garcie Viteri-	- William	A PLANT DATE OC	T 3 1 '60	Clothen &	/ Walle			

med



within 24 hours



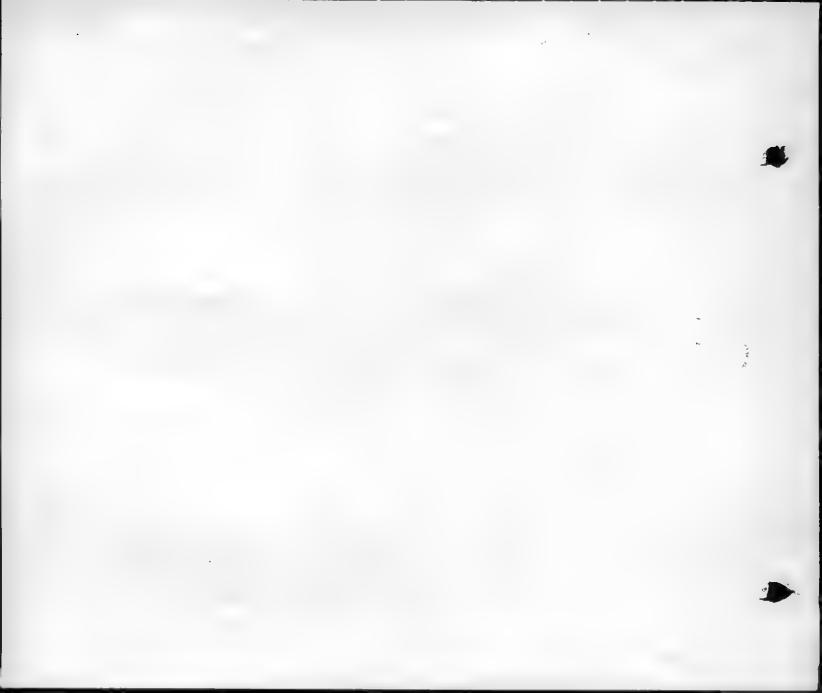
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death.

law requires that the death certificate

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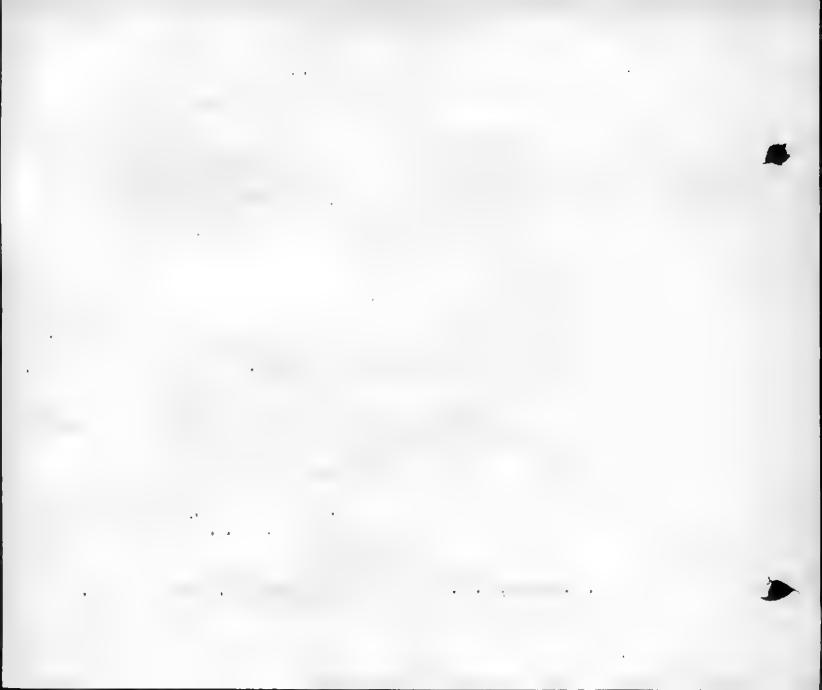


VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11875

1. PLACE OF DEATH o. COUNTYWashington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATECHN. b. COUNTY Fulton
b. CITY OR TOWN (If auside corparate limits, write RUBAL and give pequest town)	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Big Cove Tannerly
d NAME OF HOSPITAL (If not in hospital, give street address) Washington County Hospital	d. STREET ADDRESS 7 5 X 5 YES 1 NO 1
3. NAME OF DECEASED (Type or print) Elmer First Middle	Edwards 4. DATE Month Doy Year OF DEATH O tober 31, 1960
S SEX 6 COLOR OR RACE 7 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	Sept. 14, 1890 9 AGE (In years IF UNDER 14 ARS Sept. 14, 1890 Sept. 18, 1890 Sept.
10a. USJAL OCCUPATION (Give kind of work done during the option of relired) Farming	USTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Berks Co. Penn.
13. FATHER'S NAME John Edwards	14. MOTHER'S MAIDEN NAME Catherine Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) [(If yes, give war or doles of service)]	INFORMANT Address
	Irs. Joe Everets Lig Cove Tannery Pa
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Card DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under: Lying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE CONTRIBUTING TO THE CONTRIBUT	
OR CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CIFETHER, NOTIFY MEDICAL EXAMINER)	PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) actory, street, affice bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram	Sept.15 19 60, ta Oct.31 , 19 60, that (I) (we) lost death occurred at 11:25fr. Mr. causes and on the date stated above ATTENDINGY MED DIRECTOR STAFF PHYS. 22d. ADDRESS 832 Potomac Ave., Hagerstown, Md.
23g BUR, AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY	The state of the s
Eurya (specify) 11-4-60 Laurel id	
24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Scott F. Minnich & Son Hagerstown	, Md. DATEMON & '60 Chilling S. thomas





11877

(M)

TO HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 havings ofter death. Page 4 may be used by the haspital ar attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filling. By the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event within 72 hours after death.

VR A1S (4) 15M 9/S9

)[PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Md.	ere deceased lived. If institution Re b. COUNTY WE	sidence before admission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Hagerstown	15 years	e. city or town (if an Hagerstov	orside carporate limits, write RURAL	and give nearest lawn)
7	d. NAME OF HOSPITAL (If not in hospital, give street or institution Washington County Ho		d. street Address 501 Virgi	nia Ave.	e IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) Bernice	Virginia	Farrell	4. DATE Mgnth OCT	15, 1060
	female 6. COLOR OR RACE 7 MARR White Whow		May 25, 190	A Bunk bunkbulana in	ths Days Hours Min
	72 0 0 2 0 0	KIND OF BUSINESS OR INDUS Ursing Home	Warren C	o., Virginia	. CITIZEN OF WHAT COUNTRY?
1	John Alexande	r	14. MOTHER'S MAIDEN N	Effie V. Ros	se .
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 Yes, no. or unknown) 10 (If yes, give wor or dates of service)	/	ruce Farrel	Address.	, Ma.
	PART I. DEATH WAS CAJSED BY: IMMED ATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (c)	colonery	intre Ha	it puras	10 / vs
	OR CONTRIBUTING CAUSE OF DEATH I	CRIBE HOW INJURY OCCURRED			YES NO X
		Nat while fact	CE OF INJURY (Hame, form, tary, street, affice bldg., etc.		(County) (State)
	21.1 certify that (I) (this haspital) attends saw the deceased alive anjHJS			M, fram the causes and an	
	220 SIGNATURE HOUNE 1/1	Node .		D STAFF RECTOR PHYS	226 DATE SIGNED
	22c PHYSICIAN'S NAME (Type) Howard N. We	eeks, M.D.	22d. ADDRESS 136 N. P	otomac St., Ha	gerstown, Mc
2	BUTIAL (Specify) 10-17-60	23c NAME OF CEMETERY OF		23d LOCATION (City, town, or courting the Tilghmanton)	, , ,
2	4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 255, REGISTRAR	S SIGNATURE
0	Scott F. Minnich & So.	n, Hagerstow	n, Md. DATE OU	T 18 '60 arthur	S. Thank



CERTIFICATE OF DEATH

11878 Pen Dist No

119	66	CERTIFIC	ATE OF DEATH	1	Reg. Dist. N	lo.
1. PLACE OF DEATH o. COUNTY Wash:	ington	MARYLAND	2. USUAL RESIDENCE (Who o STATE	ere deceased lived. If inst b. COU		
b CITY OR TOWN (If autside con RURAL and give nearest fawn Boonsboro		LENGTH OF STAY IN 16	Smithsbu	,	tle RURAL and give	nearest tawn)
or institution Reeders Nu		•	d. STREET ADDRESS 29 W. Ma	in St.		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Nannie	Middle Ma e	Ferguson	4. DATE OF DEATH	Month Oct.	Day Year 11, 19 60
	r OR RACE 7 MARRIE	D NEVER MARRIED DIVORCED	Sept. 19, 1	1879 9. AGE (In your liberated)	ears IFUNDER 1 YE lay) Manths Day yrs.	AR IF UNDER 24 HRS
Da. USUAL OCCUPATION (Give k during most of working life, or NOUS OW 17 O	nd af work dane 10b. K en if retired)	IND OF BUSINESS OR IND	ustry 11. Birthplace (Stote of Mt. Aetr		12. CITIZEN	OF WHAT COUNTRY
John	Detrow		14. MOTHER'S MAIDEN N.		ne Hoffs	an
S. WAS DECEASED EVER IN U. S. Yes, no. or unknown) [If yes, give w	or or dates of service)	9-20-1832	Edith I. Bak	cer, Hager	Address stown, N	id.
18. CAUSE OF DEATH [Enter PART I, DEATH WAS C	1/1	far (0), (b), and (c).]	rowary th	roubor		NTERVAL BETWEEN
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO	eneraliz	et entero	rlewis		
5		ONTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 1(o	19 WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	OF DEATH	RIBE HOW INJURY OCCURI	RED. (Enter nature of injury in P	art I or Part II of Item 18	-)	
20c. TIME OF INJURY Manth, Haur a. m. p. m.	Day, Year 20d. IN. While at wark	Nat while	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City ar tawn)	(Caun	ty) (State
21. I certify that Latte alive an Control Stock			th accurred at $4P$	M, fram the causes	s and an the do	
HAMIC [TYPE]		CONDAR	Book	NS BORO 1	M5 -	V and the first time and the file (
REMOVAL (Specify)	-14-60	27c. NAME OF CEMETERY Smithsburg		22d. LOCATION (City to Smithsbu	rg. Md.	(State)
3. FUNERAL DIRECTOR'S SIGNAT	JRE	ADDRESS	24a. REC'D	DET 1 7 '60	REGISTRAR'S SIGNA	TURE

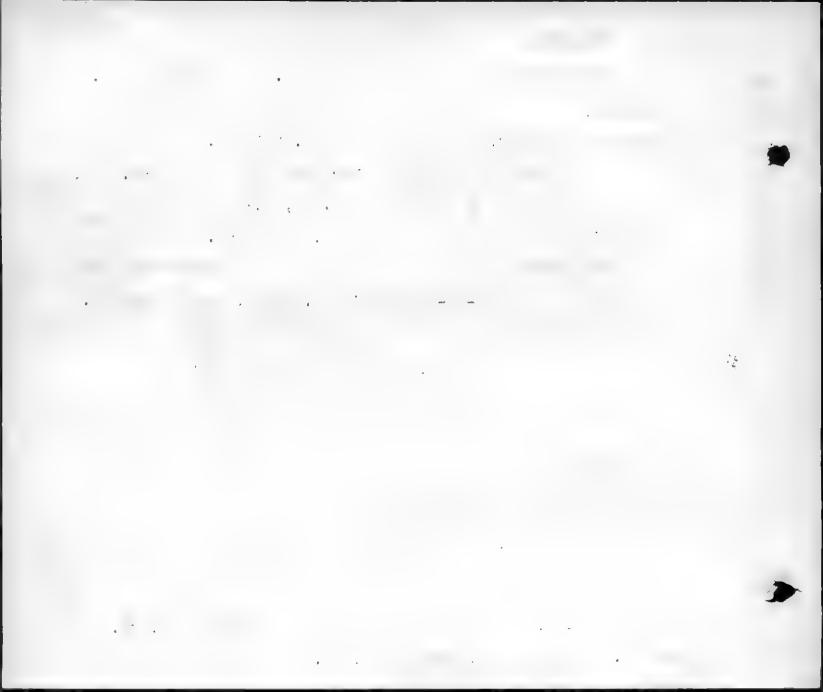
may be three has been straighted as attending physician.

TO FUNE A. DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled on the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haves after death. Page 4

TO HOSPIT

VS A15 (4) 1SM 9/58



1	1	8	7	9
-	. —	~	-	~~

		CERT	IFICATE O	F DEATH			720	
D. COUNTY	Washington	MA	a. ST		here deceased lived.		dence before odm Vashingte	
B CITY OR TOWN RURAL ond give Hagerston		c LENGTH OF ST.	AY IN 1b c CI		outside corporate lim	ts, write RURAL o	nd give nearest to	wn)
OR INSTITUTION	on County Ho		d. \$	TREET ADDRESS	ntietam S	treet	ON	ESIDENCE A FARM?
NAME OF DECEASED (Type or print)	MARY First	JORDA		ZPATRICK	4. DATE OF DEATH ACT		28 Doy	9 60
Female	1 0 1	7 MARRIED NEVER MAI	RRIED DO B DATE OF	of Birth	897 ⁹ AGE	birthdoy) Month	DER TYEAR FUN hs Doys Hou	
Stenograph	orking life, even if retired)	Railroad		Hagerst	own, Mary		U.S.A.	COUNTRY
	am A. Fitzpa				et Jordan			
(Yes, no, or unknown)	/ER IN U.S. ARMED FORC (15 yes, give war or dates of ser	16. SOCIAL SECURITY (************************************	פרי	v J. Fitz	patrick	Hagerst	own, Md.	
Conditions, if gove rise to couse (a), stating lying couse last	g the under-	Lascula Itions contributing to	cliss (I	ريد	INAL DISEASE COND		PER	S AUTOPSY FORMED?
O THE ELIHER NOTE	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY	OCCURRED (Enter r	noture of injury in	Port I or Parl II of it	em 18.j		<u>a</u>
20c. TIME OF INJU	. 10	20d, INJURY OCCURRED While Nat while of work of wark	20e. PLACE OF It factory, street	NJURY (Home, formet, office bldg., etc.	n, 20f. (City or tow	(۱	(County)	(Stote
	nat (1) (this haspital) ased alive an O	attended the decease Y22 1964, a	ed fram Q C					
220 SIGNATURE	ul w. E	4/18/0 III,	M.D. AT	TENDING M	NED STAI		101	226 DATE SIGNE
22c. PHYSICIAN'S NAME (Type) Edwar	d W. Ditto	111, M. D.	220	ADDRESS	Washing	ton St.		
230 BURIAL CREMATI REMOVAL (Specif Burial	10/31/196	O Rose Hi	emetery or cremated 11 Cemeted			own, Mar	yland	tole)
Suter - Re	es signature ouzer Funera	1 Home Hagers	town, Md.	25g REC		2Sb REGISTRAR'S	S. SIGNATURE	

TO HOSTITAL OR ETTENDED ENYSICIAN: The law requires that the death certificate be secured within 24 hours after death. Page 4 may be used by the hospital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled by the funeral director, page 3 should be detached for use as the burian-transit permit. Then please remaye carbon pagers. Pages 1 and 2 shauld be filed with the State Board at Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59



11971

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11880

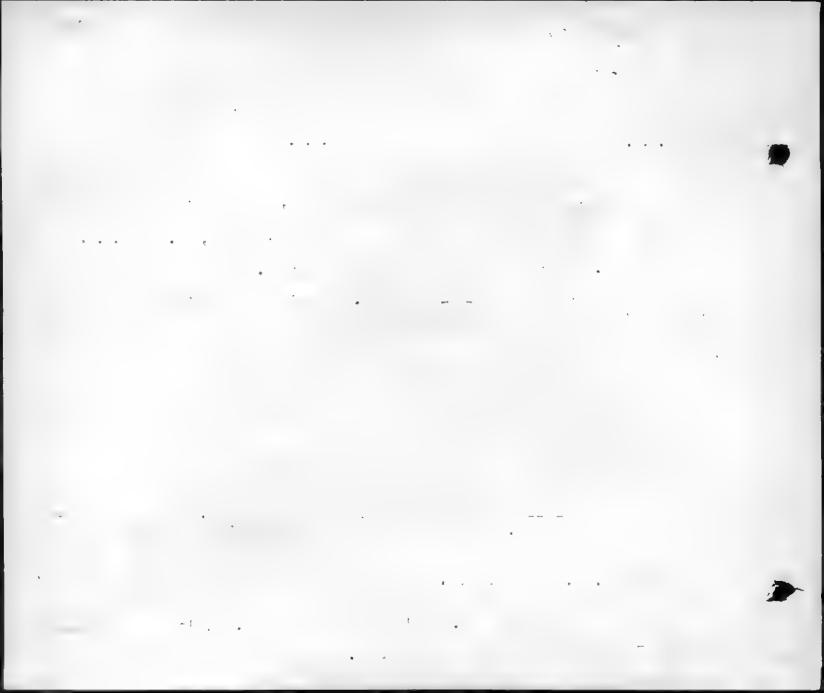
LOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 ined by the hospital or ottending physician.

**CIRECTOR: After this certificate has been signed by the ottending physician and campletely filled. Sy the funeral director, and be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with 1960 25 the State Board of Health prior to buriol, cremation, ar removal, and in ony event, within 72 haurs ofter death,

October

TO HOSE	moy be	TO FUNE	poge 3	
VR 1s	A1 M	9/5	9	

	GERTIN TOPAN				
PLACE OF DEATH a. COUNTY Washington	MARYLAND	USUAL RESIDENCE (WH	. h (TOTAL CONTRACTOR OF THE PARTY O	
	LENGTH OF STAY IN 16	Maryl		, write RURAL and give n	
RURAL and give nearest town)	Life	1			ediesi idwiij
A	Section Co.	d. STREET ADDRESS	Hagerstow	I.I.	e. IS RESIDENCE
R INSTITUTION R.F.D. # 2	31634)	1 R.F.D. #	2		ON A FARM? YES TO NO
NAME OF First DECEASED Type or print) GEORGE	Middle SCOTT	FOCKLER	4. DATE OF DEATH O	Month Ctober 1	2 19 60
6. COLOR OR RACE 7. MARRIED Male White WIDOWED	113	ovember 23,	1.906 9. AGE (in years IF UNDER 1 YEA (thday) Manths Days	R IF JNDER 24 HRS
USUAL OCCUPATION (Give kind of work dane 10b, KII during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE (State	or foreign country)	12 CITIZEN	OF WHAT COUNTRY?
armer 50	lf employed	Washingto	n County,	Md. U.S.	Α.
FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	<u></u>	
Leroy M. Fockler		Emma 1	B. Kreps		
IS. NO. or unknown) (If we give war or dates of service)	0-18-2161 Mrs	ormant S. Virginia	Fockler H	Address agerstown, l	/d
8. CAUSE OF DEATH Enter only one couse per line					TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY A O	ute Coronary	Occlusion	a	assumedo	S minute
420 IMMEDIATE CAUSE (a). BU					
	teriosclerot	ic Heart 1	Disease		148 vear
gove rise to immediate DUE TO					
lying couse last. (c)					
Part II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDIT	TION GIVEN IN PART 1(6)	19 WAS AUTOPSY PERFORMED? YES NO S
PART II. OTHER SIGNIFICANT CONDITIONS COL None 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port i ar Port II of iler	n 1B }	
	URY OCCURRED 20e. PLAC	E OF INJURY (Home, form	, 20f. (City or town)	(Count	y) (State)
Hour c. m. While of work [INDI WHILE	ry, street, office bldg., etc	-)		
21. I certify that (I) (this hospital) attended saw the deceased alive an OC 1		lav imated 19	51 toOct.	12 , 1960,	that (I) (Fe) lost
22a. SIGNATURE	La volumenta de la companya de la co	ronounced	dead at	TS:DDDM F	31 22b. DATE
(N. J. Tourn	on M	D. PHYS M	ED. STAFF RECTOR PHYS.		10-1456
22c. PHYSICIAN'S W. T. Layman,	M.D.	22d. ADDRESS 10	O Profess gerstown,	ional Art	.
I. BURIAL, CREMATION, 236, DATE THEREOF	23c. NAME OF CEMETERY OR (23d LOCATION (CIT		
REMOVAL (Specify) Burial 10/15/1960	St. Paul's Cen		St. Paul		(Stole)
FUNERAL DIRECTOR'S S GNATURE TUNERAL HOME				5b. REGISTRAR'S SIGNAT	
Outer - nouzer runeral nome	Hagerstown, M	d. DATE O	CT 1 8 '60	arthur S. H	inus



11881

- 1						
M	o. COUNTY Washingt	er MARYLAND 2	a. STATE	ere deceased lived. If insti b. COUN	TY / sla	erech
	b CITY OR TOWN (If autside carporote limits, write V c L RYRAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits, writ	RURAL and give ne	orest town)
43	d. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION	ent Home	d. STREET ADDRESS	13	X	a IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Middle R • _	12 last	4. DATE OF DEATH	tanth 20	oy Yeor 1960
	S SEX Male 6. COJOR OR RACE 7 MARRIED [WIDOWED [LEPAT 25,	1869 9. AGE (In yet lost b rithdo		Hours Min.
	10a. USUAL OCCUPAT ON (Give kind of work done 10b KIND during mast of working life, even if retired)	of Business or Industr wn farm	Y 17 BIRTHPLACE (Stote of Marvle	or foreign country)		S . A .
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Л	John P. Fox		Cornel		1	
小	IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	AL SECURITY NO. 17, INFO			ddress	
	(Yes, no. or unknown) (If yes, give wor or dates of service,		lenn E. For		,	
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Canditions, if ony, which gove rise to immediate couse (o), stating the under: DUE TO	cinom	a f	Madde		SET AND DEATH
	lying couse lost. (c)		·			
	PART II OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
	200. ACCIDENT WAS UNDERLYING 20b DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter nature of injury in P	ort Lar Part II of item 18.)		
	Hour e. m. While	Y OCCURRED 20e. PLACE Foctor of work	OF INJURY (Home, farm, y, street, office bldg., etc.	20f (City or town)	(County) (Store)
	21 I certify that (I) (this haspital) attended to saw the deceased alive an	~ ~ 3	th occurred on 42	69 ta Out 2 M, from the causes	*	
	220 SGNATIRE WIGHT Bren	rer M.E	4	D STAFF		10/20/6
	22c. PHYSICIAN'S NAME (Type) David R. L	Tewer	22d ADDRESS	er Apr	ing Ma	1.
4	REMOVAL (Specify)	NAME OF CEMETERY OR C		23d LOCATION (City, tow	- "	(Stote)
	Burial 10-22-60 N		Cemetery	Foxville		Co. Md.
3	24 EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Via I	0 BY REGISTRAR 256, RI	CIrchut S. A.	
Y	aymonaro wagar	Thurmont, I	Md. DATE	761 £ 7 00	Continuit M.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

TR ATTENTING TEYSICIAN: The low requires that the death carificate be exacuted within 24 TO FUNE, DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 the State Board of Health prior to burial, cremotian, or removal, and in any event, partitin 72 hours ofter death. TO HOSP! VR A15 (4) ISM 9/59

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ly the funeral director, 2 should be filed with

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

11882

PLACE OF DEATH

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) · COUNTY o. STATE b. COUNTY Washington Washington MARYLAND Maryland CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Williamsport (Rural) Hagerstown month d NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? Washington County Hospital RFD #1 YES INO K NAME OF 4. DATE Middle Month Lost Yeor Day DECEASED Pauline May Frick DEATH Oct. (Type or print) 1960 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B DATE OF BIRTH Mopths Doys Hours Female White WIDOWED | DIVORCED [June 16 46yrs 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Hagerstown Md. Home Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Benjamin Frnaklin Hunsberger Rhoda May Cramer 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. Williamsbort Md. None No Mr. George Frick **CR** S 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (6) gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HO WAS AUTOPS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW-INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Doy, Year factory, street, office bldg , etc.) Hour o. m While Not while ot work ot work p. m . 19. (Chat (I) we) last 19 ond that death occurred a M, from the causes and on the date stated above saw the deceased alive on: 220 SIGNATUR 6: 869.m. 22b DATE __LSIGNED ATTENDING PHYS MED. DIRECTOR STAFF M.D. 22c. PHYSICIAN' 22d. ADDRESS NAME (Type) 230 BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Nov. Greenlawn Cemetery Williamsport Maryland 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 25g REC'D BY REGISTRAR

With director after death. Page Filed þe

funeral should campletely filled Pages papers. ġ

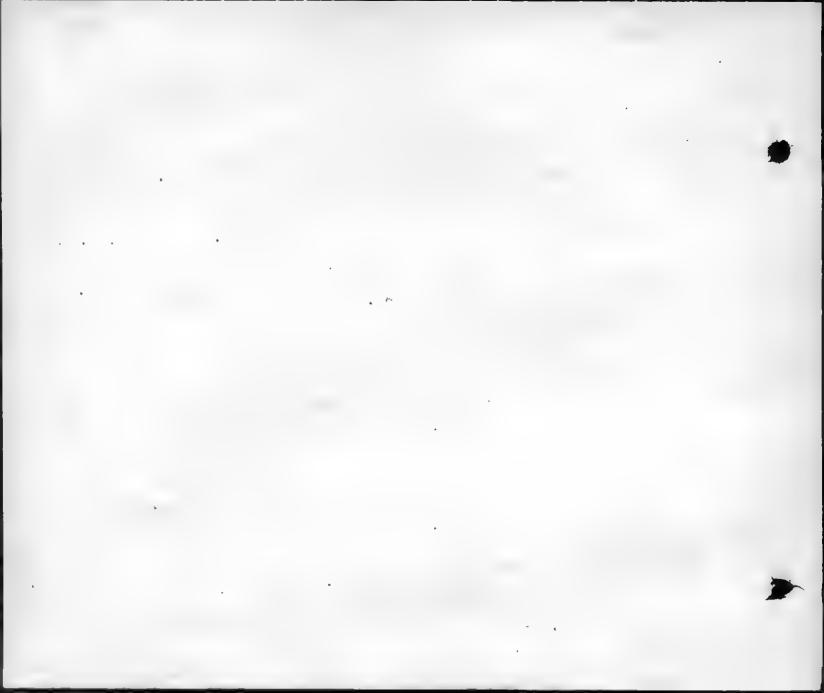
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MARYIAND STATE DEPARTMENT OF HEALTH_RAITIMORE 18

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3.	FATHER'S NAME					14. MOTHER'S MAIDEN N				V a 13 a		
}	Edward	Babingto	n			Jennie	Hars	hman				
		R IN U. S. ARMED FORCE		SOCIAL SECURITY NO		NFORMANT		Addr				
174	no	(If yes, give war or dates of ser	Aicel	none	Mi	lton M. "il	bert	, Myersy	vill	e, M	ld.	
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Ĕ	20a. ACCIDENT WA	S UNDERLYING			CCURRE	D. (Enter nature of injury in Po	art 1 or Par	t II of item 18.)				1
E C	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										,
3	20c. TIME OF INJUR	Y Month, Day, Year	20d. II	NJURY OCCURRED	20e. PL/	ACE OF INJURY (Home, farm,	20f. (City	r or town)		County)		(Stote)
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SIGNATURE

PHYSICIAN'S // NAME (Type) 1) 11 Hagerstown **Iohn** 22a. BURIAL, CREMATION, REMOVAL (Specify) burla 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

Frederick

246. REGISTRAR'S SIGNATURE

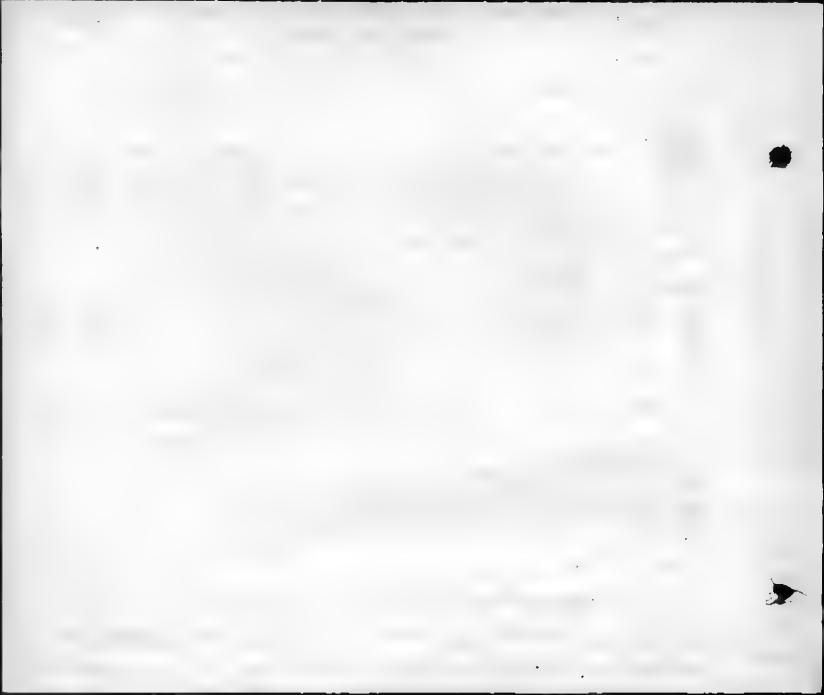
(State)

23. FUNERAL DIRECTOR'S SIGNATURE Glahill Company,

ADDRESS
Middletown, Md.

24a. REC'D BY REGISTRAR
DATE OCT 2 8 '60

VS A15 (4) 15M 9/55



TO HOSPIT

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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3 should ite Baor	-	NAME (Type) Nobert 1. Corried Hageistown, Md.
may by proge proge Street Street		BURIAL CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown, or county) (State) PEMOVAL (Specify) OCT. 14. 1960 MT.Z I ON OF METELY ADDRESS 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, lown, or county) COUST CREVE WASH. CO. MD FUNERAL DIRECTOR'S SIGNATURE ADDRESS 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, lown, or county) LOCATION (City, lown, or county) ADDRESS 23d. NAME OF CEMETERY OR CREMATORY LOCATION (City, lown, or county) LOCATION (City, lown, or county)
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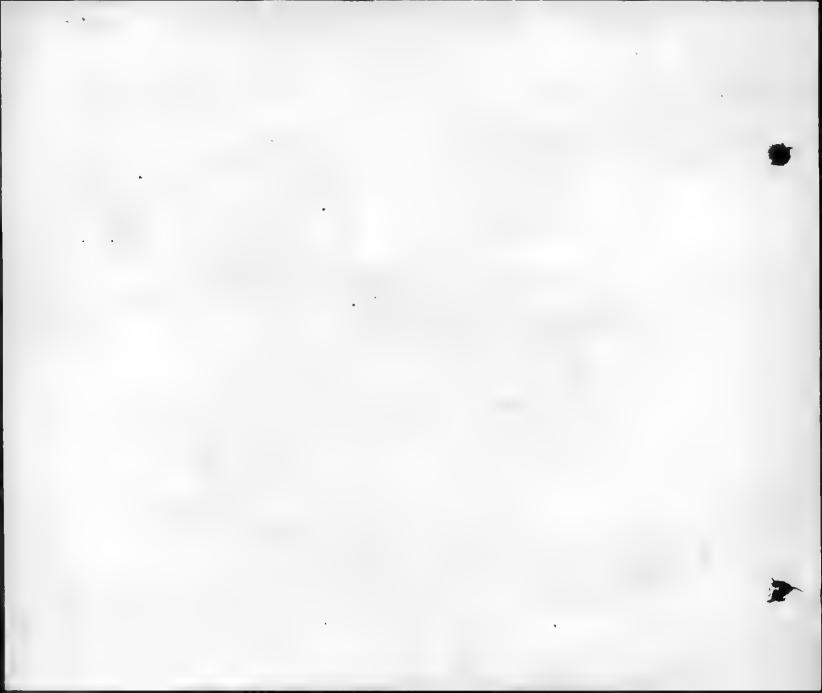
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22g SIGNATERE	all F	100	sug.	М.	ATTENDIN	G ME	ED.	STAFF PHYS.			226 DATE SIGNED
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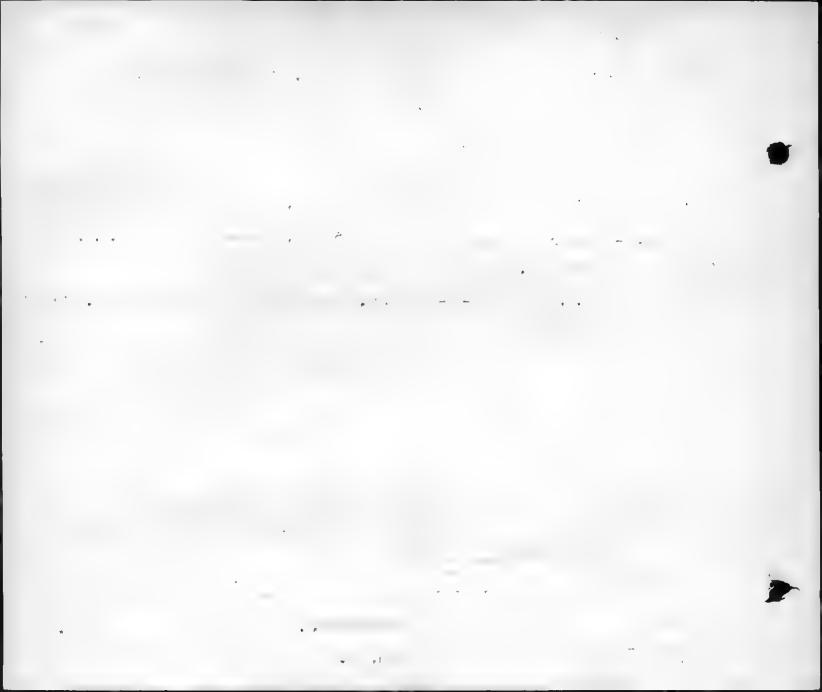


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	b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)								
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1	d NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d STREET ADDRESS e IS RESIDENCE ON A FARM?							
	Washington County Hospital	Box 446 YES □ NO X							
	3. NAME OF First Middle DECEASED (Type or print) CLIFFORD PAUL.	Losi 4. DATE Month Day Year OF DEATH October 3 to 60							
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	Draftsman-Engineer Steel Plant	Ranoke, Alabama U.S.A.							
, `	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Zacharia P. Gunn	Clara ?							
_	(Yes, no, or unknown) (If yes, more way or dates of service)	17, INFORMANT Address							
	Yes no, or unknown (if yes, give wer or defet of service) 259-01-5998	Mrs. Reubena Gunn Charlestown, W. Virgin:							
	1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute cardiac failure 24 h								
	TQC DUE TO								
	Conditions, if any, which) (b) Arteriosclere	otic heart disease with 96 hrs.							
	gave rise to immediate cause (a), stating the under-lying cause last. OUE TO AUTICULAR file	orillation, acute							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
	3 Bronchogenic carcinoma right	lung, post-pneumonectomy9-16-60 YES NO							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT Bronchogenic carcinoma right 200 ACCIDENT WAS JUNERS/JUNE DI OR CONTRIBUTING DI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Bronchogenic carcinoma right 200 ACCIDENT WAS JUNERS/JUNE DI (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED (Enter nature of injury in Part I or Part II of item 18.)							
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 2 2 2 2 2 2 2 2 2	Oe. PLACE OF INJURY (Hame farm, factory, street, office bldg., etc.) 20f (City ar tawn) (Caunty) (State							
	21. I certify that (I) (this hospital) attended the deceased f	rom 9-7- 1260, ta 10-3- 160, that (I) (we) las							
	saw the deceased alive an 10-3- 1950, and	hat death accurred ale 18, from the causes and an the date stated above							
	22a. SIGNATURE	AM 22b DATE							
ata .	Thu A. The hue and	M D. PHYS. ☐ DIRECTOR ☐ PHYS. ☐ SIGNE							
	NAME (Type) John H. Kehne, M.D.	22d. ADDRESS 131 W. Washington Street Hagerstown, Maryland							
	23g. BUR AL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMET								
	REMOVAL (Specify)	K-1 * -7 ()							
	24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE							
	24 FUNERAL DIRECTOR'S SIGNATURE Suiter - Rouzer Funeral Home Hagerste	DATE OCT 6 '60 Chilling S. France							
	I affer a subtract the state of	THE PARTY OF THE P							

hryrs after death. Page 4 LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 and by the haspital or attending physician.

TO HOSPITA VR A19

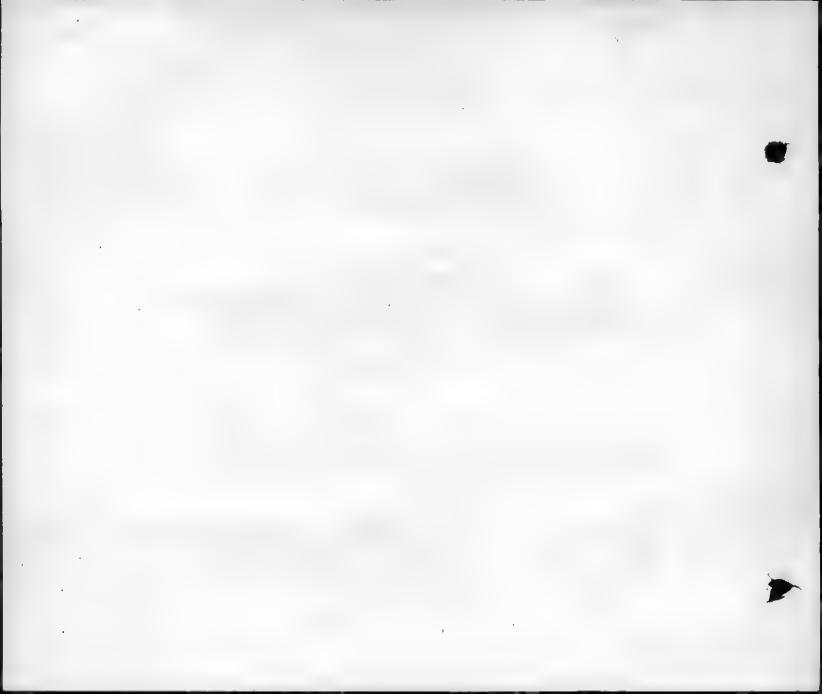


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			CERTIFICA	TE OF DEATH		1.	1881		
	1. F	LACE OF DEATH . COUNTY WASHINGTON	MARYLAND	2 USUAL RESIDENCE (Who state	ъ.	If institution Residence I COUNTY WASHING			
/	t	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16		utside corporate limi	is, write RURAL and give			
1		I NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	ate Herital	d. STREET ADDRESS	MAIN S	T.	e. IS RESIDENCE ON A FARM? YES NO		
	1	IAME OF First ROSE (Ype or print) Rose	Middle Clice Hahi	Lost	4. DATE OF DEATH	Month Oct. 27, 1			
		6. COLOR OR RACE 7 MAI WIDOV USJAL OCCUPATION (Give kind of work dane) during most of working life, even if refired) ATHER'S NAME	/ED DIVORCED	B. DATE OF BIRTH MARCH: 13.18 STRY 11. BIRTHPLACE (STORE BRAND V.) 14. MOTHER'S MAIDEN N	or fareign cauntry)	yrs. Manths Do	EAR IF UNDER 24 HRS TYS Haurs Min. OF WHAT COUNTRY?		
		WAS DECEASED EVER IN U. S. ARMED FORCES? IS		SARAH HARLES E.	J. PI	BOONSBOR	o NID		
	П	18 CAUSE OF DEATH [Enler only one cause per		tutivate A to 1	117011		INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under- lying couse last Column Course (o) (c)							
	CERT FICATION	PART II. OTHER SIGNIFICANT CONDITIONS (1) HYDER PENSIVE CILICATO VA 200. ACTIOENT WAS UNDERLYING 1206 DE OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(2) coronary	artery di.	5843E	19. WAS AUTOPSY PERFORMED? YES NO		
	MEDICAL	Hour a.m. While	£_	ACE OF INJURY (Home, farm clary, street, affice bldg , etc	1				
		21. I certify that (1) (this haspital) attensaw the deceased alive an Art 4	ded the deceased fram. Z_{+} 19.60 and that α			19.60 cuses and an the c			
2 1		220. SIGNATURE Victor o	L. Lamas,	M D. PHYS DI	ED STAF	F. B. Ca	226 DATE SIGNED 1.68x 27, 190		
			. Ramos, m.				regershiev, m		
)	1	BURIAL CREMATION. 236 DATE THEREOF PEMOVAL (Specify)	23c NAME OF CEMETERY O	LE CEMETERY	BROWNS		(State)		
>	24	FUNERAL DIRECTOR'S SIGNATURE Jast	Sanverso 1	MD. 250 REC		256. REGISTRAR'S SIGN			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be need by the hospital or attending physician.

TO FUNE, DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayal, and in ony event, within 72 hours after death. VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

11000

CERTIFIC director, filed with after death. Page PLACE OF DEATH be filed MARYLAND WASHINGTON funeral b. CITY OR TOWN (If outs de carporole limits, write c. LENGTH OF STAY IN 16 RURAL and pive negrest towe) I, I, F, Fshould d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION
WASHINGTON COUNTY HOSPITA the N HOSPITAL Dug NAME OF DECEASED Middle First campletely filled VIOLA VERNIE (Type or print) and in any event within 72 hours after death 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED X FIMALE WHITE WIDOWED | DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC due no most of working life, even if retired) HOME and please remave carban 13, FATHER'S NAME attending physician IRA V. HAYS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Then the **DUE TO** á may be and by the hospital or attending physician.

Deunge A. Director: After this certificate has been signed by page 3 should be detached far use as the burial-transit permit. The State Board of Health prior ta burial, cremotion, or removal, Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B Ö CERTIFICATI None 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCUR MEDICAL 20c. TIME OF INJURY Month. 20e. Doy, Year 20d. INJURY OCCURRED Haur o. m. Not while of work at work p. m. 21. I certify that (I) (this haspital) attended the deceased from 19 60 , and that saw the deceased alive on 10 22a SIGNATURE 22c PHYSICIAN'S ME (Type) TO FUNERA 236 DATE THEREOF 23c NAME OF CEMETER BUR AL, CREMATION. BEMOVAL (Specify) ROSE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

ATE OF DEATH			11	1909					
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY WASHINGTON CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN									
109 L. FRA	ANKLI	I ST.		e. IS RESIDENCE ON A FARM?, YES NO [2]					
HAYS	4. DATE OF DEATH	OCTOBE	R	31 19 60					
8/28/188	3	AGE (In years lost birthdoy)	Months Doys	R IF UNDER 24 HRS Hours Min.					
USTRY 11. BIRTHPLACE (Stote of MARYLAI		ntry)		S.A.					
FLORA VI			DEF						
REV. CLIFFO	RD HAY	CB.	ENNA.						
- Fibrilla	ation		10	MECLIATE					
ac metast	rasi.	2	(omo. +					
Chomy of Am	va. n	PETASTO	rzez i	2 yrs.					
JT NOT RELATED TO THE TERMIN	NAL DISEASE (CONDITION GIV	EN IN PART 1(a)	19. VMS AUTOPSY PERFORMED? YES NO					
RED. (Enter nature of injury in P	ort I ar Part II	l of item 18)							
PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	20f. (City o	r town)	(Count)	(Stote)					
3140	4.			that (I) (we) last te stated above					
M.D. ATTENDING ME PHYS. DIR	D ECTOR [STAFF PHYS	11-2	22b, DATE					
M.D 314 N. Potos	nac SI	Hanc	rstow	n ma.					
		ON (City, town, o		(Stote)					
250. REC'D		LROTON	STRAR'S SIGNAT	URE					

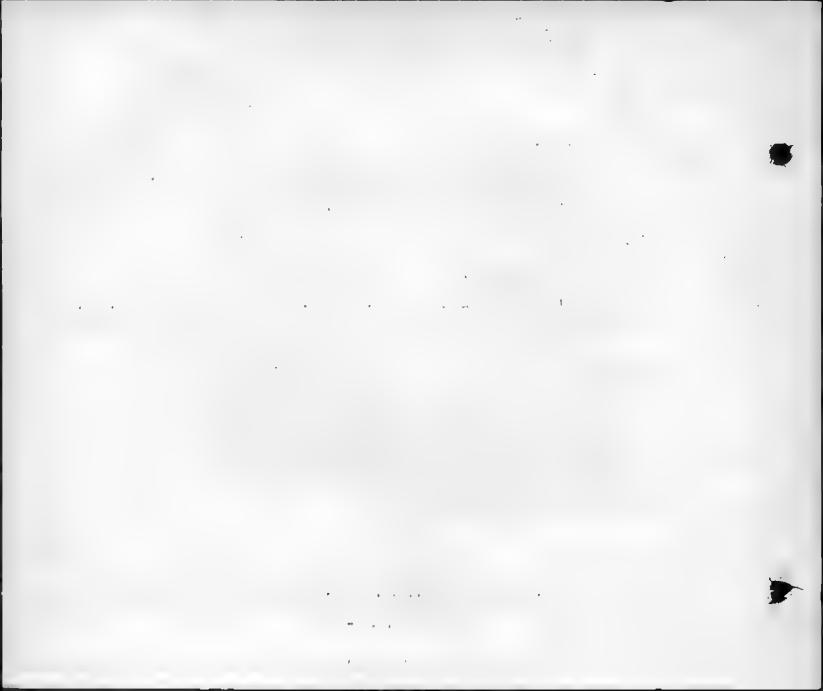
Cirthur S. Fraces

OR ATTENDING FINY ICIAM: TIM law requires that the dust certificate be executed within 24

VR A1S (4)

15M 9/59





11890

)	1 PL	ACE OF DEATH	o STATE	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE b. COUNTY								
/		Washington		MARYLA	I IMELL Y I		"a	shingt	on	> > >		
		CITY OR TOWN (If outside corporate limi RURAL and give nearest town)	is, write C L	ENGTH OF STAY IN				te limits, write R	UKAL ond give	e nearest tov	<i>i</i> nj	
	<u> </u>	Hagerstown		4 Days		gers	town			T 12		
	d.	NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION			d STREET					e IS RESIDENCE ON A FARM?		
	\vdash	Washington Co	un ty	H spital	3 1	321 PC	otomac	Ave	Ave		YES NO	
		ME OF Fir		Middle	L L	ast	4. DATE OF	Mon		Day	Yeor	
		pe or print) ROGER		IARLES	HERSH			Octobe			19	
	5. SEX				_	TH	9	AGE (In years lost birthday)		EAR IF UNI		
		Male White	WIDOWED [- *****		1890	70 yrs				
	d	ISUAL OCCUPATION (Give kind of work of luring most of working life, even if retired				,			.	N OF WHAT	COUNTRY?	
		Vice President S	outher	n Shoe			n Wash	CO MO	La	USA		
	13. FA	THER'S NAME				'S MAIDEN N						
		Winfield Sco				ary Ja	ane wo	lfkill				
		AS DECEASED EVER IN U. S. ARMED FOR o. or unknown) [15 yes, give war or dates of a	pry(ce)		17 INFORMANT			Add				
		No	214-	09-2164]	Wrs Viole				tomac	Ave		
	11	IB CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] Hagers town Ind. [Interval Between ONSET AND DEATH										
		PART I DEATH WAS CAUSED BY: Multiple emboli										
1		1 DOUE TO										
		Conditions, if any, which	Muric	uller fel	rellation	+ CEN	gestive	faller.	٩	mout	13	
		gove rise to immediate DUE TO	C+		~ · , _ <u>_</u>	_ / /	1	Λ		7.		
	[_	lying cause lost	urur	nosciente	ic teans	dis	ease	U		yea	U \$	
	CATION	PART II OTHER SIGNIFICANT CON	DITIONS CONT	RIBLTING TO DEATH	BUT NOT RELATED	O THE TERM	NAL DISEASE	CONDITION GIA	EN IN PART	(o) 19 WAS	S AUTOPSY ORMED?	
	₹ _		4 :	ru]						YES [NO T	
	<u>~</u> 0	0a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER	206. DESCRIBE	HOW INJURY OCC	URRED. (Enter noture	of injury in I	Port I or Port (l of item 18.)				
	MEDICAL	c. TIME OF INJURY Month, Doy, Yes		Y OCCURRED 20	. PLACE OF INJURY			r fown)	(Cou	inty)	(Stote)	
	WED	Hour o. m. p m.	While of work	Not while of work	foctory, street, off	ce biog., etc.	"					
]]	1 I certify that (I) (this hospital) attended	the deceased fr	om (0 of 7	10	60. to	0 t- 11	10 60	, that (l)	from level	
		aw the deceased alive on	4		nat death occurr	1 4						
		20 SIGNATURE / 1	i a maria di	17.9.97 dild ii	idi dedili oscorii	co org. js.	,111, 11 (111 11	ic cooses di	O OII IIIC C		2b DATE	
		Il & staups	A .		M.D PHYS	NG MI	ED RECTOR []	STAFF PHYS			SIGNED	
	2	2c PHYSICIAN'S			22d ADD		1	2				
		NAME (Type) R S STA	UFFE	R		tager	sown	, hid	,			
	23o. 8	BURIAL, CREMAT ON, 236. DATE THEREC	F 23c	. NAME OF CEMETE	RY OR CREMATORY	1	23d. LOCATIO	ON (City, town,	or county)	(St	ole)	
	B	REMOVAL (Specify)	0 B	lose Hill	Cemete:	rsz]	Hagers	town W	ash c	o Md		
N.		INERAL DIRECTOR'S SIGNATURE		ADDRESS			D BY REGISTR		STRAR S SIGN	ATURE		
	1	Andrew K. Coffua	n Hage	erstown l	Md.	DATE	1 7 200	01.11	P #			

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 the attending physician and campletely filled they the funeral director. Then please remave carban papers. Pages 1 and 2 shauld be filed with may be the board of the haspital ar attending physician.

S FUNERAX DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I can state Board at Health priar to burial, crematian, ar remitively any event, within 72 haurs after death. TO FUNERAL TO HOSPITA VR A15 (4) 15M 9/59



TO DEPUTY MIDICAL EXAMINE: This certifical should be executed within 21 hours ofter deoth. If ony deloy is necessary, please execute the peritificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral ector. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your to the Should be used as a buriot-transit permit. File pages 1 and 2 with the registrar prior to buriot, cremetion,

11909

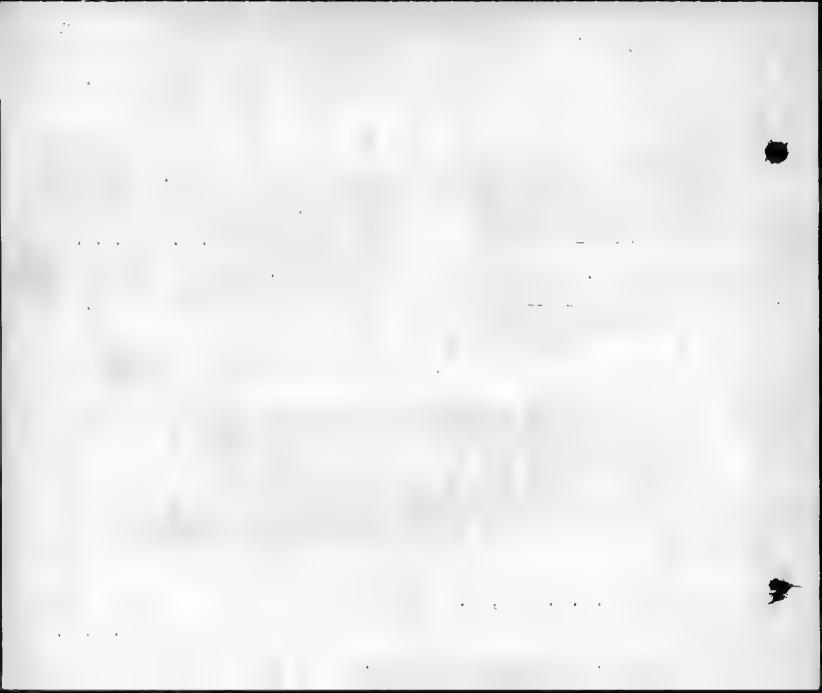
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. N. 11891

1.	PLACE OF DEATH					2. USUAL R			sed lived. If Instit	~		odmission)
-	<u> ₩asning</u>			MARY			Mary.			148	ish.	
	b. CITY OR TOWN (IF and give nearest town)		write RURAL	c. LENGTH OF STAY I	N 1b				porote limits, write	RURAL ond	give neore	st town}
-	Hagerst			l Year			gerst	own		12.3		
	d. NAME OF HOSPITA			spital, give street address)	d. STREET	ADDRESS				0.	ON A FARMS
	<u>Martin</u>	Manor	Home			236	East		Letam S	treet	Y	ES NO 🔯
3.	NAME OF DECEASED	7	First	Middle		Lo	et	4. DATE OF	Mont		Day	Year
_	(Type or print)	Ellen		rtrude		iess		DEATH	Oct.		39	1960
	SEX	6. COLOR OR RA	CE 7. MARRI	ED NEVER MARRIED	E 8.	DATE OF BIRT			9. AGE (In years lest birthday)	IF UNDER 1		UNDER 24 HRS.
	'eMale	White	WIDOWE			July	9,188		80 ym.		lays Ho	ours Min.
10	a. USUAL OCCUPATIO	N (Give kind of w	ork dane 10b. i	KIND OF BUSINESS OR I	NDUSTE	Y 11. BIRTHE	LACE (State	or foreign i	country)			HAT COUNTRY?
			(Own Home		Emm.i	l tsbu:	rg Fi	red.Co.1	nd U.	S.A	•
13	3. FATHER'S NAME					14. MOTHER	S MAIDEN N	IAME				
) [John	S.Hess				Agne	as J	.Bake	er			
	5. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. IN	FORMANT		7.5	222 TAlder	hidnida	Ave	
-["	No	(If yes, give war or dots		None	1.1	ss Em	ra He	88 -	Hager	stown	Md.	
=		TH Enter only one	couse per line	for (a), (b), and (c).]					305		INTERVAL ONSET AN	BETWEEN
		H WAS CAUSED B										
	2-21	IMMEDIATE CAUSE		rebral Hemo:	erha	go					Z We	eks
	Conditions, if or	DUE				n						
	gove rise to immed	iate cause		meral Arteri	osc	Lerosis	3				10 y	ears
	(o), stating the u	nderlying DUE										
2		ER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO DEATH	BUIT NO	OT RELATED TO	THE TERMI	MAI DISEAS	E CONDITION OF	VENI INI BARY	1() 10. 1	VAC AUTORCY
18				The state of the s		DI REDITED I	D INE PERM	MALDIJEAJ	E CONDITION SI	TEN IN FARI	P	ERFORMED?
100	20g. EXTERNAL CAU	SE WAS	20b. DESCRIR	E HOW INJURY OCCUR	ED (E	the notice of i	minor to Past	Las Bad II	of Item 18 1		YES	□ № □
CERTIFICATION	20g. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.	ITRIBUTING []		LITOW HOOK! OCCOR!	cas. (s.	101010	injory in rois	101 1011	or tient test			
13	20c. TIME OF INJUR	Y Month, Day,	Year 20d.	INJURY OCCURRED 20	o. PLAC	E OF INJURY	(Home, form	20f. (City	y or fown)	(Coun	ıtyl	(State)
MEDICAL	Hour e.m.		While of wo		facto	ry, street, offic	e bldg., etc.))				
1		at I taak chai		remains described	abov	e. held ar	Autonsy	/ T	nspection 🔀	, Inquiry		nd find that
	1			Accident [],		ide [], 1			ndetermined	-	<u> </u>	nd ma mar
/		1	_				1011116100	Ш, ч	nacremine .			
ik.	ACTUAL	1 /11/	10.1	Pho 7		CHIEF	MEDICAL EX	AMINER [1		D/	ATE SIGNED
	SIGNATURE	11 62	~			, M.D.	ANT MEDICA	-				
	EXAMINER'S NAME (Type) D	r E W	Ditto.	Jr.			MEDICAL E		_ 10.	-31-50		
22	BURIAL, CREMATION	N, 22b. DATE THE	REOF	22c. NAME OF CEMETER	RY OR C	REMATORY			TION (City, town,			(State)
(m)	Burial	11-1-6	30	Rose Hill	L C	emeter	cv	Hage	erstown	Mash.	.Co.	Md.
23	. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'E	BY REGIST	RAR 24b. REGI	STRAR'S SIGN	ATURE	
L	Andrew I	K. Coffna	an H	agerstown	Mid		DATE N	OV 2 '	60 C	Winer S.	Thoma	

VS. A15ME(5) 5M 9/55

or removol.



VS A15 (4) 15M 10/57

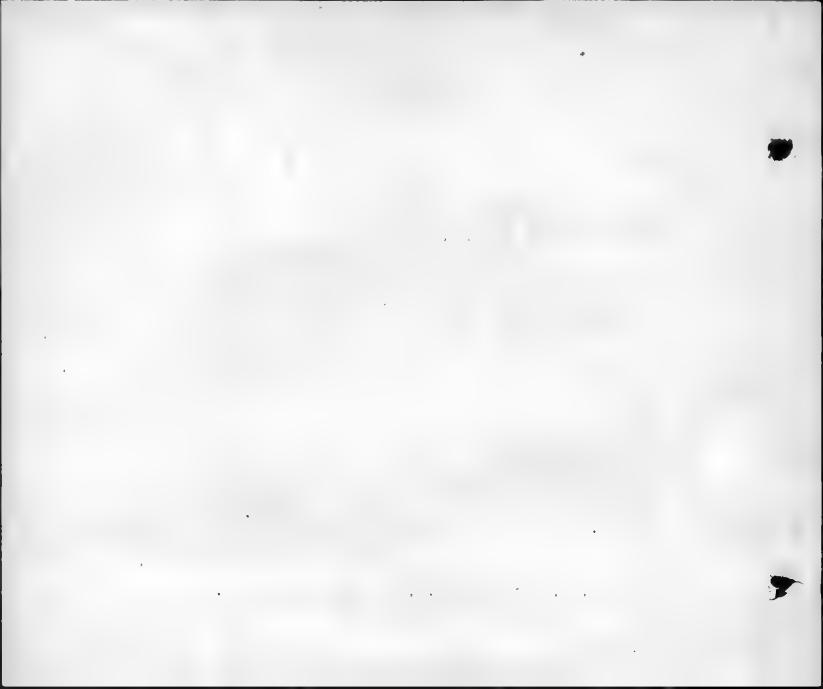
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11974

CERTIFICATE OF DEATH

11892

Reg. Dist. No.

	COUNTY W	ashington		MARYL	AND	2 USUAL RE o. STATE	Md.	nere deceased	lived. If instituti b. COUNTY	on Residen			ion)
小	. CITY OR TOWN (If	outside corporate limit	s, write	c. LENGTH OF STAY II	4 1b	CACITY OF	R TOWN (IF a	utside corpor	ale limits, write R	URAL and	give nec	rest town	1)
1_	Rural, Ha	agerstown		9 Years	3	X	Rura	l. Hag	erstown				
2	d. NAME OF HÖSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	address)	.	d. STREET	ADDRESS	-				e. IS RES	IDENCE FARM?
		Hagerstown	n #6				Hage:	rstown	#6				NO []
3.	NAME OF DECLASED	Fire	ıl	Middle		L	ost	4. DATE	Mon	th	Do	y '	Yeor
	Type or print)	Aren		May		oltzmar	n	DEATH	0	ct.	5		19 60
5. \$	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		DATE OF BIE	RTH		9 AGE (In years last birthday)	IF UNDER		IF UNDE	ER 24 HRS
	Female	White	WIDOWI		_ ,	3/14/1	1890		70 yrs	Monms	Doys	Hours	Min
10a	. USUAL OCCUPATION during most of working	N (Give kind of work on life, even if retired)	ione 10b.	KIND OF BUSINESS OR	INDUS	TRY 11, BIRTH	PLACE (State	or foreign co	untry)	12 CI	TIZEN O	F WHAT	COUNTRY
	ouse Wife,			220-18-1240					ag., #5		U.S.	.A.	
13.	FATHER'S NAME					14. MOTHER	'S MAIDEN N	IAME					
L	Ottis Sm	ith					Anna 1	Nigh					
		IN U. S. ARMED FOR		SOCIAL SECURITY NO.		FORMANT			Add	ress		-	
	no				C.	Boyd Fe	oltzma	n Ha	gerstown	Md.	#6		
			use per lii	ne for (a), (b), and (c)							INTE	ERVAL BE	TWEEN
	PART I DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pu!	lmonary ed	lema	a £					2	8 AMP	in
	477	DUE TO											
Conditions, if any, which gove rise to immediate (b) Arteriosclerotic heart disease										1	yr.	•	
	gave rise to im cause (a), stating th												
	lying cause last.	(c)											
ē	PART II. OTHE	ER SIGNIFICANT CON	O SMOITIC	CONTRIBUTING TO DEAT	H BUT 1	NOT RELATED 1	TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 1	9. WAS /	AUTOPSY
ICA3												YES 🗌	RMED?
	20a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	206. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature	af injury in f	Part I or Part	ll of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m.		r 20d. It While	JURY OCCURRED 2 Not while	0e. PLA foct	CE OF INJURY ary, street, offi	(Hame, form ice bldg., etc.	, 20f. (City	or town)	(County)		(State)
ME	p. m.	19		k of work									
	21. I certify the	I attended the	decease	ed_from		, 19 <u>5</u> 1	, to(ot.	196	Othat I	last so	w the	decease
Ш	alive an OC1	5	., 19	ond that a	leath	occurred a	8:05	PM, from	the causes o	nd an t	he da	le slate	ed abov
Ш		ELN (1)	11) ´				ADDRESS (Str	eet, city or lown,	stote)		DA	ATE SIGNE
П	ACTUAL SIGNATURE	100 Dem	سد	₹	N	0.148	West	Wash:	ington	st.	1	0/7/	/60
	NAME (Type)	В. В. Ки	eis.	ley, M.D.		Hage	rstow	n, Mô					
220	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREO	F	22c. NAME OF CEMET	ERY OR	CREMATORY		22d LOCAT	ON (City, town, o	or county)		(State	e)
	Burial	10/8/60)	Green Hi	11				esboro,	Frank	lin	Co.	, Pa.
23.	FUNERAL DIRECTOR'S	SIGNATURE	, ,	ADDRESS		0	24a. REC'/	BY REGISTE	AR 246 REGIS				
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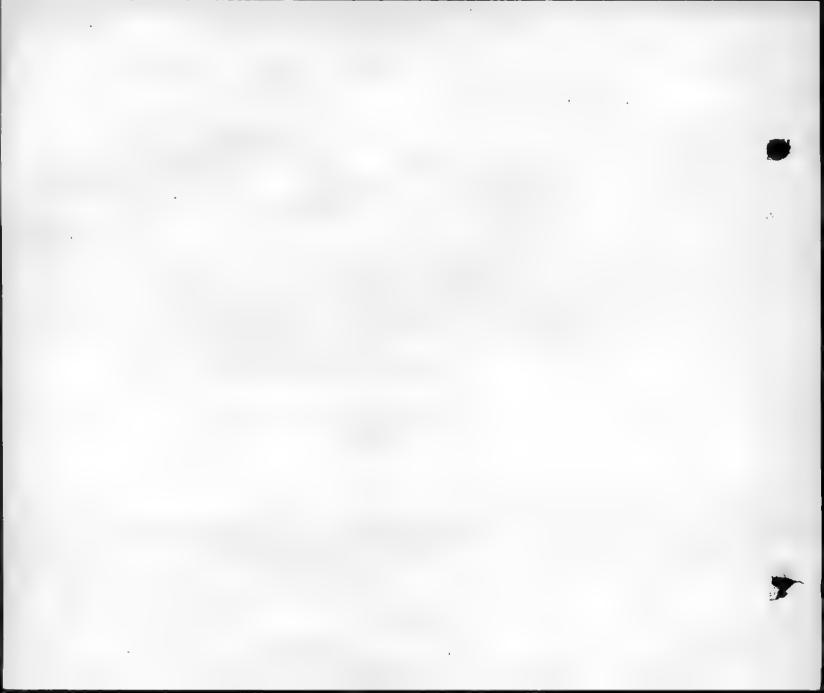


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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the funeral director. 2 shauld be filed with		ŧ	CITY OR TOWN
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24 Page 1		3. (NAME OF DECEASED
h:n Z y filli ages death		_	Type ar print) EX
with with selected rs. P			MALE
d comp		10a F	USUAL OCCUPA during mast of w ETIRED
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nding ease my ev		-	18. CAUSE OF E
of per de			PART I C
the The			42
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sign sign if pe			couse (a), stati
law ra hysicia i been I-trans ian, or		NOIT	lying couse lo
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be and by the hosp tall or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with a state Board of Health prior to burial, cremation, or remayol/and it any event, within 72 hours after death		MEDICAL CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT
or after or after se as the burial		EDICAL (20c. TIME OF IN
G Pt p tal protection to ion to		W	Hour o. e p. r 21 certify t
Affed the pr			21 I certify I saw the dece
TTEN y the TOR: Jetoc Heal			22a SIGNATURE
DR A			22c. PHYSICIAN
AL AL Board			22c. PHYSICIÁN NAME (Type
be Se State	4	23a	BUR AL, CREMA
may be page 3 s	1		BUR AL, CREMA
77	0	24,	FUNERAL DIRECT

Page	A Spiech	1)	1 !	PLACE OF DEATH C. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE MARYLAND b COUNTYWASHINGTON
death.	funeral sid be fi			b. CITY OR TOWN (If outside corporate limits, write RURAL and STREET OWN) c. LENGTH OF STAY IN 16 LIFE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
Tr offer	the 2 shau			d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d STREET ADDRESS 339 JEFFERSON ST. on a farma yes \(\) NO C
24 hou	illed ses I am	,		NAME OF DECEASED (Type or print) ROBERT CLEVELAND	HOSE OCTOBER 13 Day Year
wither	oletely f rs. Pag ofter dec		S. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED MALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH 11/6/1884 9 AGE (In years lest birthdex) Months Days Hours Min
Execute	nd comp in pape		10a F	TO USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUSTRIES OF IND	II BIRTHPLACE (Store or foreign country) MARYLAND 12.CITIZEN OF WHATCOUNTR U.S.A.
cate be	sician al re carbo rithin 72		13.	WILLIAM A. HOSE	MARY E. BAUGHMAN HAGERSTOWN
r certific	ing physic remainer			WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 Unknown) (If yes, give war or dates of service)	ISS MARY J. HOSE Address ID.
equires that the deat	isigned by the attend sit permit. Then pleas r remavel and ig any			18. CAUSE OF DEATH [Enter only one cause per line far (of TB), and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. (b) DUE TO	scherotic Heat Disease 5 grs
he law i	nos been nal-trans natian, o	,	CATION	Di abetes mels	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? YES \(\bigcap \text{NO} \)
HAN: T	ficate the but	J	CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter noture of injury in Port I ar Port II of item 18.)
PHYSIC	this cert r use as		MEDICAL		LACE OF INJURY (Hame, farm, 20f (City or town) (County) (Statectary, street, affice bldg., etc.)
NDING	: After ched fo			21 I certify that (I) (this hospital) attended the deceased fram. saw the deceased alive an 2 7 1966, and that a	death occurred 3 P. M. from the causes and an the date stated above
TAV OR ATTE	AL SIRECTOR should be deto Board of Hea	1		220 SIGNATURE SYSTEM PORTION OF THE PROPERTY O	M.D. ATTENDING & MED DIRECTOR STAFF OF 1877 22d ADDRESS 148 W. woshing to St. Hagerotom W.
HOSPITA	Page 3 s	1	23a	BURILACION, 236 DATE THEREOF 23c. NAME OF CEMETERY COSE HII	
VR A	A15 (4)	J.	24.	FUNERAL DIRECTOR'S SIGNATURE HARVINGER	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DABCT 1 7'60



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VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIFICATE OF DEATH

1	1	8	9	4
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	1370		CERTIT	CAI	E OI DEA	4111					
1. PLACE OF DEATH a. COUNTY WASI	HINGTON		MARYL		2. USUAL RESIDEN	ICE (Where	deceased live	d. If institution: b. COUNTY	Residence ! WAS		iston)
RURAL and give i	(If outside corporate limit nearest town) RING	s, write	53 YEAF		CLE		le corporate l PRING	imits, write RUR	AL and give	nearest tov	m)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, gi	ve straet (oddress)		d STREET ADD		EET			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	CLAR		Middle LOIS		HULL	4.	DATE OF DEATH	Month IO		29	Yeor 19 60
FEMALE	WHITE	WIDOWE	JAM P		AN 8, I			SO yrs.	Aonths Do	YEAR IF UND	Min,
HOUSE W	ION (Give kind of work d orking life, even if retired) OHK		KIND OF BUSINESS OR DWN HOME	INDUST	PENN	A.		v)		S.A.	COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MA						
ZACKARA	H SHIVES				AMAND	A SN	IDER				
15. WAS DECEASED EV	ER IN U. S. ARMED FORG (If yes, give war or dates of se	ES? 16.	NONE		SE L.	HUL	L SR.	Address CLE	•	PRING	MD
Conditions, if gave rise to couse (a), stating lying cause lost	g the <u>under-</u> DUE TO (c)										
PART II. O'	THER SIGNIFICANT CON			TH BUT N	OT RELATED TO TH	IE TERMINAI	DISEASE CO	NDITION GIVEN	IN PART 1	PERF	AJTOPSY ORMED? NO [X
OR CONTRIBUTION	VAS UNDERLYING I IG I CAUSE OF DEATH Y MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of in	jury in Port	I or Port II o	f item 18.)			
Y 20c TIME OF INJU	10	While of wor	Not while	20e PLAC	E OF INJURY (Har ry, street, affice bl	ne, form, (dg., elc.)		·	(Cou	,	(Stote)
saw the deced	nat (I) (this haspital ased alive anO	attend	led the deceased f	ram .	oth accurred o	19	ta oc	causes and	0 19 an the c	, that (l) late_state	(we) last d abave.
220. SIGNATURE	lie Rober	. C	Lew	М	D. ATTENDING PHYS.	MED.	TOR P	IAFF HYS.		_	2b.DATE SIGNED 31, 196
27 PHYSICIAN'S NAME (Type)	ARCHIE ROB						SPRING				
23a BUR AL, CREMATI	" NOV. I,	F 1960		TERY OR	· · · · · · · · · · · · · · · · · · ·		CLEAR	(City, town, ar	MD.		ote)
24, FUNERAL DIRECTO			ADDRESS		25		Y REGISTRAR	25b. REGISTR	RAR'S SIGN. J.Lun S.	ATURE	
JOHN F	. CLARK	CLE	AR SPRING	MD.	D	ATE NO	V 2 '60) a	ithur it.	1 Chause	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH**

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TO HOSPITAL OF ATTENDING PHYSICIEN: The law requires that the death certificate be exacuted within 24 To get 4 may be the hospital at attending physician.

TO FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and campletely filled to the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

1. PLACE OF DEATH	1			ii ii	2. USUAL RESI	DENCE (Whe	ere deceased li			before ad	mission)
o COUNTY	Washingto	n	MARY	LAND	o. STATE	Md.		b. COUNT	Wa	sh.	
RURAL and giv	N (If outside corporate lime nearest town) TS TOWN	its, write	6 hrs.	IN 1b	ella	TOWN (If ou		te limits, write	RURAL and giv	re neorest t	lown)
d NAME OF HO	SPITAL (If not in hospital,	give street or	ddress)		d. STREET	ADDRESS				e. IS	RESIDENCE N A FARM?
Wash	Co. Hospit	al			1315	Virei	inia Av	70.			NO TO
3. NAME OF	Fi	rst	Middle		La		4. DATE		onth	Day	Yeor
(Type or print)	E		Mav	14	lutson		OF DEATH	1		5	19 60
5. SEX	6. COLOR OR RACE	7 MARRIE	D A NEVER MARRIE		. DATE OF BIRT	`H	9.	AGE (In years			NDER 24 HRS
	white	WIDOWED				3.000		last birthday)	Months D	oys Ho	urs Min
female	ATION (Give kind of work			<u> </u>	lec. 14	ACE (State o	or foreign cour			EN OF WH	AT COUNTRY?
during most of	working life, even if retired	d)	,	K ((4003)							AT COURTE
	ewife		home				5, W. V	a.	USA		
3. FATHER'S NAME					14. MOTHER'S						
Le	e Siler					Adelia	a Pearr	il			
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FO		OCIAL SECURITY NO.	. 17, INF	ORMANT			Ad	ldress		
no		1	none	Mr.	Walter	R. Ht	utson	Hage:	rstown,	Md.	
18 CAUSE OF	DEATH Enter only one o	ouse per line	for (o), (b), and (c).	1 ~						INTERVA	BETWEEN
PART I	DEATH WAS CAUSED BY:	110	romand T	4:40	J (75754.	Q C	recoled	a done	und with	ONSET A	ND DEATH
143	IMMEDIATE CAUSE (. 1	-			<u></u>	Ç-13-1-12.	1	1.00	7
Canduliana	Condition it can white a control of the same of the sa										
	gave rise to immediate										
couse (a), stat)									V
lying couse lo	<u> </u>	c)									
PART II	OTHER SIGNIFICANT CON	NDITIONS <u>CC</u>	ONTRIBUTING TO DEA	TOO BUT I	NOT RELATED TO	O THE TERMIN	VAL DISEASE	CONDITION G	VEN IN PAKT	PE PE	REORMED?
2			Naw	W.L						YES	□ NO [점]
OR CONTRIBUT	WAS UNDERLYING [] ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OF	CCURRED	. (Enter noture (of injury in P	art I or Part I	l of item 18.)			
20c TIME OF IN Hour o.			JURY OCCURRED		CE OF INJURY			r town)	(Co	unty)	(State)
Hour o.	10	While of work	Not while	TOCI	ory, street, offic	a blog., erc.,	1				
		15 44 5		,	1/1/55	10	. 10	5/60	10	1 1 1	0.7.1.1.
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saw the dec	edaca anve gir	7/ 3/ 00	19, and	that de	eath accurre	d of OA •	M, tram th	ne causes a	nd an the	date sta	
	- Deca	el U.	What le	W.,		□35 DIE	D RECTOR	STAFF PHYS	3.0	/5/6	22b. DATE SIGNED
22c PHYSICIAN NAME (Typ	'S		1		22d. ADDR						
1 2	- to 10.77 Fr	Veeks	M.D.		136	North	Potc	mac S	t. Hag	gerst	own, M
	ATION, 236 DATE THERE	OF .	23c NAME OF CEM	ETERY OR	CREMATORY		23d. LOCATIO	ON (City, town	or county)	(State)
REMOVAL (Spe-	10-7-6	0	Rest Have	en Ce	metery		Hager	stown		Md.	
24 FUNERAL DIRECT	TOR'S SIGNATURE		ADDRESS			25a. REC'D	BY REGISTRA	1	GISTRAR'S SIGN	NATURE	
Fred W. I	Kraiss Hag	erstow	m. Md.			DATE 0	ICT 7 '6	06	athur &	Kines	
			2								



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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OR ATTEN led by the SIRECTOR: d be detack ind of Health
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be red by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.
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VR A15 (4) 1SM 9/59

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1.	o. COUNTY	ash i ngto n		MARY	LAND	2. USUAL RES	Mary]		lived. If institution b. COUNTY	on: Residence be Washi		
	b. CITY OR TOWN RURAL and give in ager sto	(If outside corporate limit recrest town)	s, write	c. LENGTH OF STAY	IN 1b	GCITY OR		outside carpon gersto	ote limits, write RI	URAL and give r	rearest law	rn)
	d. NAME OF HOSP	TAL (If not in hospital, g				1105		c Ave.			ON.	SIDENCE A FARM? NO K
3.	NAME OF DECEASED (Type or print)	RUSH	st	HORNER		JACKSO	N N	4. DATE OF DEATH	October		Day .9	-960
5.	male	white	7. MARR	IED 🔟 NEVER MARRIE		^{B.} DAJE OF BIR Februar			9 AGE (In years last bythdoy) 70 yrs	Months Day	1	1
L	Retired to	ON (Give kind of work or rking life, even if retired)		kind of Business o	R INDUS	Mc C	onnell	sburg		12. CITIZEN	OF WHAT	COUNTRY
13	3. FATHER'S NAME	T				14. MOTHER		_				
L		son Jackkon		* * ***		1	ouise	Lehman	•			
15	5, WAS DECEASED EV (43, 90, or unknown) 100	ER IN U. S. ARMED FOR (If yes, give war or dates of so	ervice,	14-09-7896		s. Evel	യ പ്രസ	keon	Hagersto		erel and	2
F		ATH [Enter only one co				D. D.CT	yii oacc	ACOU!	THERETOC		TERVAL B	
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO DONY, which (b) immediate (b) I the under-	6	neur	ys.	m of	an	rty	- (ab	doning	Je de	his
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA		NOT RELATED T				/EN IN PART 1(o	19 WAS PERF YES	ORMED?
C F R T	OR CONTRIBUTING	AS UNDERLYING AS CAUSE OF DEATH (MEDICAL EXAMINER)				, (2	vqv.y					
MEDIC AL		RY Month, Day, Yes	While	NJURY OCCURRED Not while at work	20e. PL/ foo	ACE OF INJURY story, street, offi	(Home, form ce bldg., etc	20f. (City	or town)	(Count	у)	(Stole
	sow the deced	at (I) (this haspital) attend	ed the deceased			ed aff 1	SO _{ta} /	9 O d the causes an			(we) las d abave
	22a S.GN/TURE &	rand T.		Impar		M.D. ATTENDI	NG M	ED IRECTOR	STAFF PHYS		2	26 DATE
	27c PHYSICIAN'S NAME (Type)	CHARD T B	INFOR	D M.D.		22d. ADD		mac Av	re. Hager	rstown N	arvl:	and
23	30 BURIAL CREMATI	ON 23h DATE THEREO		23c NAME OF CEME	TERY O		Z-3-Y-Y3		ON (City, town,			ale)
	Burial (Specify	10/22/19	260	Norland Co					bersburg		enn.	,
24	Sylveral director	s signature ouzer unera	I Ho	ADDRESS Hagerst	own	, Md.		D BY REGISTI		STRAR'S SIGNAT	2	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

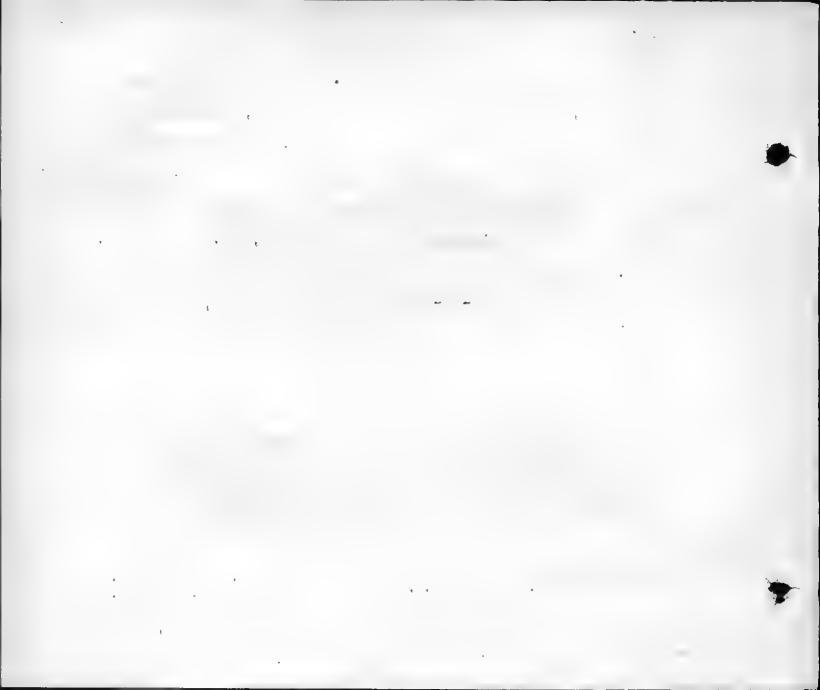
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L	TTAT	4		CERTII	FICATE	OF DE	AIH							
	PLACE OF DEATH o. COUNTY Washi	ngtem		MAR	YLAND 2.	usual Residi	PLAN			rnstitution OUNTY	n: Resider	nce befor	e odmiss	ion)
,	RURAL and give	37		LENGTH OF STAY	/ IN 16	c. CITY OR TO					IRAL and	give nea	rest town)
	d. NAME OF HOSP OR INST TUTION VASHING	TAL (If not in haspital, g	ive street ad	idress)		d STREET AD	DRESS	Tenat		Sta	eet			DENCE FARM?
3	B. NAME OF DECEASED (Type or print)	Kusten.	st	Middle Trank		Lost John		4. DATE OF DEATH		Mani	h	Day		Year 19 50
5	S. SEX	16 COLOR OR RACE	7 MARRIE	D NEVER MARR		ATE OF BIRTH			9. AGE (In	years	IF UNDER	R 1 YEAR		
	Male	Colored	WIDOWED			Tev 23	18	68	60	thdoy) yrs	Manths	Doys	Hours	Min
1	On USUAL OCCUPAT	ON (Give kind of wark rking life, even if retired	dane 10b. KI	IND OF BUSINESS	OR INDUSTRY	11. BIRTHPLA	CE (Store	or foreign c	ountry)		12 CIT	IZEN OF	WHATC	OUNTRY?
	Laberer		11	andter		Wax	ente	R. Va	<u> </u>		U	BA.		
1	3. FATHER'S NAME		_	7	1	4. MOTHER'S	MAIDEN N	IAME						
L	Jean W.	Jehnsen				-	illa	Ma	texel	1.				
	S. WAS DECEASED EV	ER IN U. S. ARMED FOR		DOLAL SECURITY NO	17, INFO	RMANT				Addre	ess			
L	ne			1-14-607	5 Mar	y Day	is :	214+	M. J	e na	taa	n 6t		
F	18. CAUSE OF DE	ATH [Enter only one co	use per line	for (a), (b), and (c)	h								RVAL BE	
PART I DEATH WAS CAUSED BY: Larebral Zinbalesin											ONS	2 4	No.	
	Conditions, if ony which gove rise to immediate (b) Configuration (b) Configuration (b)									19	1.			
	cause (a), stating lying cause lost	the under-												
	PART II. O	HER SIGNIFICANT CON	IDITIONS <u>CO</u>	ENTRIBUTING TO DE	EATH BUT NO	T RELATED TO	THE TERMI	NAL DISEAS	E CONDITI	ION GIVI	EN IN PA	RT 1(a) 1	PERFO	AUTOPSY RMED?
	OR CONTRIBUTION	AS UNDERLYING AS CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DESCR	NIBE HOW INJURY	OCCURRED. (I	inter noture af	injury in f	Part I or Por	t II of item	1B.)				
	20c, TIME OF INJU	RY Manth, Day, Ye	or 20d, INJ While of work	URY OCCURRED Not while	20e PLACE factory	OF INJURY (H	lome, form bldg., etc.	.) 20f. (Cit)	or town)		1	(County)		(Stote
	()	at (I) (this haspita	l) attende	d the deceased	fram	125	19	60 . ta	Del	3	, 19_	(2) th	at {I} (we) las
		sed alive on?	2 5	19 0 m , and	d that glea	th decurred	at 21_	.M, fram	the cau	ses and	d an th	ie date		
	220 A GNATURE	Alky	leur	on	M.D		I Di	ED RECTOR [STAFF				22	b. DATE SIGNEE
	PHYS CIAN'S NAME (Type)	Philip J.	Hirsh	man, M.D.		22d. ADDRES		59 W. agerst						
7	230 BUR AL, CREMATI	ON, 236 DATE THERES)ř	23c NAME OF CEA	METERY OR C	REMATORY			TION (City				(Stot	e)
	REMOVAL (Specify	Ost 7 1	960	Rose Mi	ll Cel	netery	-	Kage	rste	WB.	Mas	e Tla	Lind.	
5	24 FUNERAL DIRECTO	R'S SIGNATURE	11	ADDRESS				D BY REGIS	TRAR 25	b. RÈGIS	TRAR'S S			
4	John RZ	Watson n	Has	erstour	m	2	DACT 1	1 1 '60	1	Julia	8. 10	rana		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haves ofter death. Page 4 may be need by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any eventy within 78 hours after death

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the ottending physician and campletely filled by the funeral director. Then please remave carbon papers. Pages 1 and 2 shauld be filled with rrs after death Page 4 DR. HIRSHMAN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha may be the lead by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely fitted the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. page 3 should be detoched far use as the burial-transit permit.

TO HOSPITA

VR A1S (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY						
				ENCE (Where deceased li	ved. If institution: Residen	ce before admission)
///// C	SHINIGTON	MARYLA	ND O. STATE	RUAND	b. COUNTY	NETON
b CITY OR TOW	Y (f outside corporate limits, write	c LENGTH OF STAY IN	1b c. CITY OR T	OWN (If outside corporate	e limits, write RURAL and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
RURAL and giv	a of A market	0.41.0/110.00	43	HACEDO	PAINIAI	
d. NAME OF HO	SPITAL (If not in hospital, give stree	I MINUTES	d. STREET A	DDRESS	OYYIV	e. IS RESIDENCE
OR INSTITUTIO	N		50- 5		12 mm 22.	ON A FARM?
WIA	SH. Co. Host	TAL	11° NO + 2 .	WEST HO	MANU 21	YES NO X
NAME OF DECEASED (Type or print)	First	Middle	losi	4. DATE OF DEATH	Month	Day Year
	/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	LORENG		010		30 1960 TYEAR IF UNDER 24 HR
SEX		RRIED NEVER MARRIED			AGE (In years IF JNDER last birthday) Months	Days Hours Min.
EMALE	MHILE MIDON			BER.10-1907.	- 23 Aur 1	20
To. USUAL OCCUPA during most of	ATION (Give kind of work done 10b varking life, even if retired)	, KIND OF BUSINESS OR I	INDUSTRÝ 11. BIRTH P L	CE (State or foreign coun	itry) 12.CITI	ZEN OF WHAT COUNTRY
HOUSE	WIFE	OWN HON	16 00	BONA A	1. V,	1.S.A.
B. FATHER'S NAME		4.3		MAIDEN NAME		
1)8.1	MULITARA K.	BOLTON	M	ARV KX	1671	
WAS DECEASED	EVER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO	17, INFORMANT		43 Address (IIL	FORD AYE.
Yes. no, or unknown)	(If yes, give wor or dates of service)	110. 21 - 2570	Miss Car	1 Juliacon		4 4 4
NO.		214-36-3570	111127 OH!	A JOHNSON	V MAGERS	
	DEATH [Enter only one couse per	line for (a), (b), and (c).	Occleus			ONSET AND DEATH
PARI I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	money	O - Court	evn		1/2 hr.
40	DUE TO					
Conditions, i	f any, which) (b)					
gove rise to	immediate Dus TO					
couse (o), stat	ng the under- (
I Iving couse to	31.					
lying couse to	/ 1-1	CONTRIBUTING TO DEATH	H BUT NOT RELATED TO	THE TERMINAL DISEASE (ONDITION GIVEN IN PAR	T 1(a) 19 WAS AUTOPSY
	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	H BUT NOT RELATED TO	THE TERMINAL DISEASE O	CONDITION GIVEN IN PAR	PERFORMED?
PART II	OTHER SIGNIFICANT CONDITIONS		-			T 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
PART II	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	-			PERFORMED?
PART II 200. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	OTHER SIGNIFICANT CONDITIONS WAS UNDERLYING 20b. DE NG CAUSE OF DEATH IFY MEDICAL EXAMINER;	SCRIBE HOW INJURY OCC	CURRED (Enter noture a		of item 18.)	YES NO
PART II 200. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	OTHER SIGNIFICANT CONDITIONS WAS UNDERLYING 20b. DE DEATH	SCRIBE HOW INJURY OCC	CURRED (Enter noture a	injury in Part I or Port II	of item 18.)	YES NO
PART II 200. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	OTHER SIGNIFICANT CONDITIONS WAS UNDERLYING 20b. DE DEATH	SCRIBE HOW INJURY OCC	CURRED (Enter nature a	injury in Part I or Port II	of item 18.) town) (4	PERFORMED? YES NO
PART II 200. ACCIDENT OR CONTRIBUT (IF EITHER, NO) 20c. TIME OF IN Hour o, p.	OTHER SIGNIFICANT CONDITIONS WAS UNDERLYING 20b. DE DEATH	INJURY OCCURRED Not while ork of work of deceased fr	De. PLACE OF INJURY (I factory, street, office	tome, form, 20f. (City or bldg., etc.)	of item 18.)	PERFORMED? YES NO E
PART II 200. ACCIDENT OR CONTRIBUT (IF EITHER, NOI 20c. TIME OF IN Hour o, p. 21 certify	OTHER SIGNIFICANT CONDITIONS WAS UNDERLYING 20b. DE NG CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Manth, Doy, Year 20d. Whill of wo that (I) (this hospital) attent	INJURY OCCURRED Not while ork of work of deceased fr	CURRED (Enter noture of the process	tome, form, 20f. (City or bldg., etc.)	of item 18.)	PERFORMED? YES NO E
PART II 200. ACCIDENT OR CONTRIBUT (IF EITHER, NOI 20c. TIME OF IN Hour o, p. 21 certify	OTHER SIGNIFICANT CONDITIONS WAS UNDERLYING 20b. DE NG CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Manth, Doy, Year 20d. Whill of wo that (I) (this hospital) atteneased ative on	INJURY OCCURRED Not while ork of work of deceased fr	De. PLACE OF INJURY (I factory, street, office om. Herr.	injury in Part I or Port II fome, form, 20f. (City or bldg., etc.) 19 7 , to 2 at 210 M, from th	of item 18.) town) (c) te causes and on the	PERFORMED? YES NO E County) (State County) (State A county) (State County) (State County) (State County) (State
PART II 200. ACCIDENT OR CONTRIBUT (IF EITHER, NO) 20c. TIME OF IN Hour o, p. 21 I certify sow the dec	OTHER SIGNIFICANT CONDITIONS WAS UNDERLYING 20b. DE NG CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Manth, Doy, Year 20d. Whill of wo that (I) (this hospital) atteneased ative on	INJURY OCCURRED Not while of work of work and the deceased from 1960, and the	De. PLACE OF INJURY (I factory, street, office	injury in Part I or Port II fome, form, 20f. (City or bldg., etc.) 19 7 , to 2 at 210 M, from th	of item 18.)	PERFORMED? YES NO E
PART II 200. ACCIDENT OR CONTRIBUT (IF EITHER, NOT HOUR O. P. 21 Certify Sow the clec 220 SIGNATUR 222 PHYSICIAN	OTHER SIGNIFICANT CONDITIONS WAS UNDERLYING 20b. DE NG CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Month, Doy, Year 20d. While of we will have a seed of the condition of th	INJURY OCCURRED Not while of work of work and the deceased from 1960, and the	De. PLACE OF INJURY (I factory, street, office om. Herr.	injury in Part I or Port II fome, form, 20f. (City or bldg., etc.) 19 19 ABOM, from the DIRECTOR SSS	of item 18.) town) (constant for the staff of the staff	PERFORMED? YES NO E County) (State County) (State A county) (State County) (State County) (State County) (State
PART II 200. ACCIDENT OR CONTRIBUT (IF EITHER, NO) 20c. TIME OF IN Hour o. 21 I certify sow the dec	OTHER SIGNIFICANT CONDITIONS WAS UNDERLYING 20b. DE NG CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Manth, Doy, Year 20d. Whill of worth that (I) (this hospital) atteneased ative on Oct 3	INJURY OCCURRED Not while of work of work and the deceased from 1960, and the	De. PLACE OF INJURY (I factory, street, office om. PLACE) Om. PLACE OF INJURY (I factory, street, office om. PLACE) ATTENDING M. D. PHYS.	injury in Part I or Port II tome, form, 20f. (City or bldg., etc.) 19 / to at 210M, from th DIRECTOR SSS 159 W. Wa	of item 18.) town) (0 te causes ond on the STAFF PHYS. shington St.	PERFORMED? YES NO E County) (State County) (
PART II 200. ACCIDENT OR CONTRIBUT (IF EITHER, NOI 20c. TIME OF IN Hour o, p. 21 I certify Sow the dec 22d SIGNATUR NAME (Typ)	OTHER SIGNIFICANT CONDITIONS WAS UNDERLYING 20b. DE ING CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Month, Doy, Year 20d. While of wo that (I) (this hospital) atten eased ative on Oct 2 S Philip J. Hirsh	INJURY OCCURRED Not while of work of work and the deceased from the control of t	De. PLACE OF INJURY (I factory, street, office om. Nov. () and deoth occurred M.D. PHYS. 22d. ADDRE	injury in Part I or Port II tome, form, 20f. (City or bldg., etc.) 19 J., to 19 J., to AED OIRECTOR SS 159 W. Wa Hagerstow	of item 18.) town) (0 te causes ond on the staff Phys. shing ton St. n, Maryland	County) (State
PART II 200. ACCIDENT OR CONTRIBUT OR CONTRIBUT (IF EITHER, NOT 20c. TIME OF IN Hour o, p. 21 I certify Sow the dec 22d SIGNATUR NAME (Typ)	WAS UNDERLYING 20b. DE NG CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Month, Doy, Year 20d. Whill not we that (I) (this hospital) atteneased ative on Oct 2 Philip J. Hirsh	INJURY OCCURRED Not while of work of work and the deceased from 1960, and the	De. PLACE OF INJURY II factory, street, office om. PLACE OF INJURY II factory, street, office om. PLACE OF INJURY II factory, street, office om. PLACE OF INJURY II factory in the street of the stree	injury in Part I or Port II tome, form, 20f. (City or bldg., etc.) 19 J., to 19 J., to AED OIRECTOR SS 159 W. Wa Hagerstow	of item 18.) town) (0 te causes ond on the STAFF PHYS. shington St.	PERFORMED? YES NO E County) (State County) (State A county) (State County)
PART II 200. ACCIDENT OR CONTRIBUT OR CONTRIBUT (IF EITHER, NO) 20c. TIME OF IN Hour o, p. 21 I certify Sow the dec 22d SIGNATUR 22d PHYSICIAN NAME (Type Bo. BUR-AL, CREMA REMOVAL (Special Control of the control	WAS UNDERLYING 20b. DE NG CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Manth, Doy, Year 20d. Whill of we will be desired attended to the control of the co	INJURY OCCURRED Not while of work of	De. PLACE OF INJURY (I factory, street, office om. Nov. () and deoth occurred M.D. PHYS. 22d. ADDRE	injury in Part I or Port II tome, form, 20f. (City or bldg., etc.) 19	of item 18.) Town) Town) Town) Town T	PERFORMED? YES NO E County) (State O that (I) (we) lose dote stoted above 22b DATE (State) (State)
PART II 200. ACCIDENT OR CONTRIBUT OR CONTRIBUT OF CONTR	WAS UNDERLYING 20b. DE NG CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Manth, Doy, Year 20d. Whill of we will be desired attended to the control of the co	INJURY OCCURRED Not while of work of work and the deceased from the control of t	De. PLACE OF INJURY II factory, street, office om. PLACE OF INJURY II factory, street, office om. PLACE OF INJURY II factory, street, office om. PLACE OF INJURY II factory in the street of the stree	injury in Part I or Port II tome, form, 20f. (City or bldg., etc.) 19 J., to 19 J., to AED OIRECTOR SS 159 W. Wa Hagerstow	of item 18.) Town) Town) Town) Town T	PERFORMED? YES NO E County) (State County) (State County) (State (State) SH. (Composite of the power of



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DERT PLACE OF DEATH 2. USUAL RESIDENCE (Where decemed lived. If institution Residence before admiss on o. COUNTY Page tor, Page our files, of Health, **b. COUNTY** MARYLAND b CITY OR TOWN (if autiside corporate I mils, we to RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Iff outside corporate limits, write RURAL and give nearest town) your 70 DOANSBARD MINUTES To 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Ad STREET ADDRESS e IS RESIDENCE Boar ON A FARA YES NO Z death. NAME OF Yeor First Middle DATE DECEASED OF DEATH (Type or print) offer MOND CTOBER 19 600 9. AGE (In years 6. COLON OR RACE 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH FUNDER TYPAR IF LINDER 24 HES lost birthday) Bours WIDOWED [7] DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY'S CHAIN STORE DAMALIN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MECAUSLAND EANOR OHNSON em. 18. Slong with for. 'it permit. for 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT -WEST HOWARD (If yes, give war or dates of service) NOI 296-10-9736 MRS. NURMA SOHNSON HACERSTONER MID INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (o) Instant **DUE TO** & Arteriosclerotic Heart Disease. Severe Conditions, if ony, which vears gove rise to immediate cause DUE TO (a), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Holling, WAS AUTOPSY PERFORMED? YES 🔲 NO [200, EXTERNAL CAUSE WAS FRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) Chief Me 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour o. m. While Not while writing to the Cape 3 Page 3 of work of work 21. I certify that I took charge of the remains described above, held on Autopsy [], Inspection [X], Inquiry [] certificate, w forwarded to DIRECTOR: F opinian death resulted from: Notural causes . Accident ... Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** E. W. Ditto. DEPUTY MEDICAL EXAMINER ET NAME [Type] 5 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) exec 4 s REMOVAL (Specify) SCT.31. EMETERY PUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15ME DATE NOV 3 Orthur S. Kraus 100NSBORD 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH**

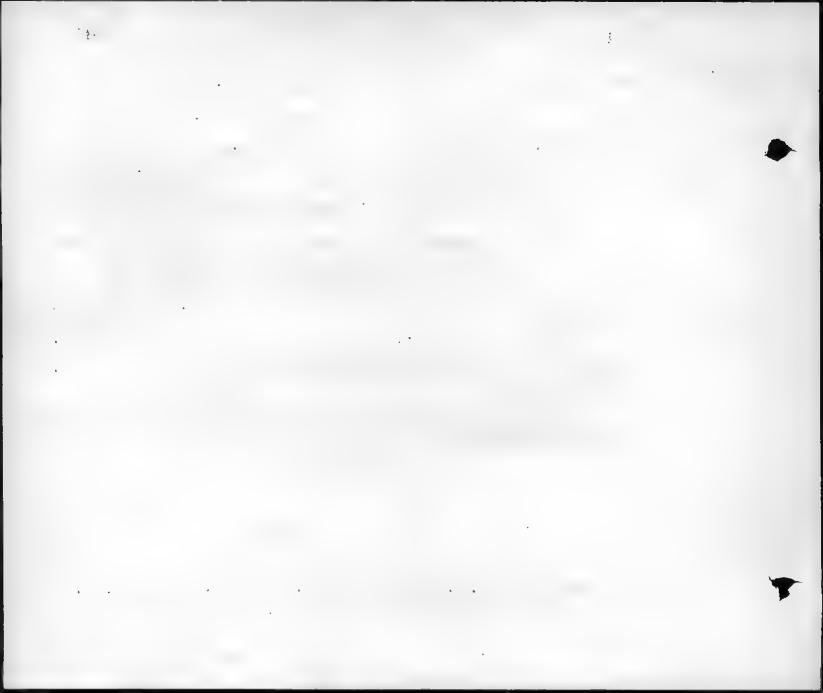
11900

Washington

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
o STATE
b. COUNTY Washington

the funeral director, should be filed with

il dir	(IVI		Washington	MARYLAND	906 Sal	em Ave.	Washington
death. funeral ild be fi			CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		utside corporate limits, write RURA	L and give nearest town)
ofter d the fun should		L	Hagerstown	10 years	Hager	stown, Md.	
the sho			I NAME OF HOSPITAL (If not in haspital, give stre OR INSTITUTION	set address)	d STREET ADDRESS	,	e. IS RESIDENCE ON A FARM?
14 P	X		906 Salem Ave.		906 Salem	Ave.	YES NO S
i o	/ \	3.	NAME OF First	Middle	Lost	4. DATE Month	Day Year
thin 24 y filled 'ages 1	Ė		Type or print) CARRIE	MAY	KALMEY		er 16, 1960 ₁₉
	5	5	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS
red with ripletely pers. Po	5		TORKETO MITTAG	WED DIVORCED	2-26-1912 /8	/8 82 yrs	
cam		10a	USUAL OCCUPATION (Give kind of work dane It during most of working life, even if retired)	OB KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State of	of foreign country)	12. CITIZEN OF WHAT COUNTRY
and and son p		\	housewife	own home	Maryland		America
e be	1	13.	FATHER'S NAME	11	14. MOTHER'S MAIDEN N	AME PO OI	
Sich Ve o		_	James V. 10a	us	1 Daray	vneres	
emo =		15	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		NFORMANT Sone	/ Address	
h ce	Ď		no	-	Lee Kalmey: 90	6 Salem Ave. Ha	gerstown, M.
e d	ou ou		1B. CAUSE OF DEATH [Enter only one cause per	r line for (a), (b), and (c).]			INTERVAL BETWEEN
and the d	=		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Ventricular fib	rillation		10 min.
하는 하는	Ē		430,0 DUE TO				
تا به الله الله الله الله الله الله الله	Ď.		(0)	Arteriosclerotic	heart disease		5 yrs.
nec Dern	Ē		gove rise to immediate DUE TO				
on.			lying couse lost. (c)				
low hysici beer I-tron	,	FICATION	PART II OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	PERFORMED?
The phase has		5	Pulmonary Emphy				YES NO K
AN: ending icate the bu	5 ,	CERT	206 ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. [Enter noture of injury in P	art for Port II of item (b)	
att att		3			ACE OF INJURY (Home, farm,		(County) (Stote
PHY ol or his c	2	MEDICAL	Hour a.m. 19 at a	ile Nat while ra	ctary, street, office bldg., etc.		
Spire spire	D C		21 certify that (I) (this hospital) atte	ended the deceased from	April 19	53 to 10-16-60	. 19, that (I) (we) las
A P P P P P P P P P P P P P P P P P P P	E		saw the deceased alive on 10-12				
E S S	<u> </u>		22o SIGNATURE				22b DATE
A A A	5		Paul Harre	oorin	M D ATTENDING ME	ED. STAFF RECTOR PHYS.	10-17-6
O.S. D.			22c. PHYSICIAN'S NAME (Type)	_	22d. ADDRESS		
A A Shou			Paul Harrison	i, M. D.	318 N. Po	tomac St., Hagers	stown, Md.
may be L FUNER	010	230	BUR AL CREMATION 23b. DATE THEREOF	23c NAME OF CEMETERY O	OR CREMATORY	23d LOCATION (City town, or c	ounty) (State)
o HO may b o FUN	9		Jusicel 10-19-196	O St Come	es Cent	(Imapol	is ma
7 2		24.	FUNERAL DIRECTOR'S SIGNATURE	us chmak	1 . 3m / 25a. REC'E	1 /	AR'S SIGNATURE
VR A1S (4) 1SM 9/59	1	L	Down M. Acidano	on annaya	DATUCT	19'60 arilan	1 S. Krus
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE-1, MARYLAND CERTIFICATE OF DEATH

13092

NOV/O

Circling S. France

	1. PLACE OF DEATH D. COUNTY WA	shington		MARYLA		USUAL RESIDE	ence (Wh	ere deceased li	ived. If institution b. COUNTY	Wash	e before odmiss	ion) 1
	B CITY OR TOWN RURAL and give a Pleasan	(If outside corporate limi earest town) EVIIIe	ts, write	18 yrs.		-		ntvil	ta limits, write RL le	JRAL and g	ive nearest taw	n)
	d. NAME OF HOSPI OR INSTITUTION	Residence					77 B 574- 57			e. 15 RES ON A YES	FARM?	
	3 NAME OF DECEASED (Type or print)	GEORGE	GEORGE 1		Middle RANDOLPH		<u> </u>		October	2		Year 19 60
	s. sex Male	6. COLOR OR RACE White	7. MARRI WIDOWE	DIVORCED		uly 25			AGE (In years last birthday) 9 yrs.		Days Hours	Min.
	Blacksmit	dring life warm if easiered	1	KIND OF BUSINESS OR Blacksmith	Sh	op Ha	rper	s Fer			USA	OUNTRY?
	13. FATHER'S NAME	ob Kann				IA. MOTHER'S			r			
	Jacob Kern Louisa Roeder 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Mrs. Catherine Grove											
/ [No No	None	ervice)	None E	FD :	#1, He	arper	s Fer	ry, Wes	st Ve	a.	
	Canditians, if a gave rise to cause (a), stating	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the under: DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO										
	VOLUME 1991 PART II. OT PART III. O	100		ONTRIBUTING TO DEAT	BUT NO	OT RELATED TO	THETERMI	NAL DISEASE O	CONDITION GIVI	EN IN PART	1(a) 19. WAS PERFC YES	RMED?
		AS UNDERLYING DEATH (MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (Enter nature a	Finjury in F	art I or Part II	l af item 1B.)			
	20c. TIME OF INJU Hour o. m. p. m.	RY Manth, Day, Yes 19	While at wark	Nat while	factor	OF INJURY () y, street, office	lame, farm bldg , etc	20f. (City or	r tawn)	{C	aunty)	(State)
		21 I certify that (I) (this haspital) attended the deceased from										
	23a BUR AL, CREMATION PEMOVAL (Specify Burlal			23c NAME OF CEMETE Fairview					on (City, town, or ar, Jet		son Co	., WV
	2 NERA DIRECTO	SIGNATURE	Ha	cpers Ferr	y, Va		250. REC'E	BY REGISTRA		TRAR'S SIG	SNATURE	

urs after death. Page 4 director, the attending physician and complemity filling by the funeral Then please remove carban papers. Pages 1 and 2 should by the may valued by the hospital or attending physician.

D. FUNE IL MINICIANS After this certificate has been signed by the attending physician and complemity fillipage 3 shauld be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any eyent, which 72 haurs ofter death. At OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPIT TO FUNE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

11901

	CERTIFICATE OF DEATH
(M)	1. PLACE OF DEATH D. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY D. COUNTY
2	WASHINGTON MARYLAND WASHINGTON
2 should be filled	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest fown)
<u>=</u>	KINGGOLD GUEARS & KINGGOLD
ğ V	d NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARMS
A g	RINGGOLD MD. SMITHSBURG MD. 1212 YES INO
6 / V	3. NAME OF First Middle Last 4. DATE Month Day Year OF (Type or print) TIID A (
Pages r death	FILE N NEINE DETUDER 11 " " C
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours Min
In Articola gapers.	FEMALE WHITE WIDOWED DIVORCED MAIRCH. 3.1869 91 yrs 7 14.
9 %	100. JSUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11.8 IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 11.8 IRTHPLACE (State or foreign country)
= { }	HOUSE WIFE DWN HOME THERE REFL VYASH, CO. MO. U.S.A.
8 K - /	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME
5 · E	Donner Contract
<u>×</u> ×	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address
E ±	[Yes, no, or unknown) [If yes, give wor or dictes of service]
0, 61 2, 5	NO NONE MRS. JAMES A. KIDT
please ony e	18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c)]
	ONSET AND DEATH
ond in	HARDIATE CAUSE (a) Arteriosclarotic Cardiovascular Disease 10 Yrs. Due to
permit.	Conditions, if any, which (b)
E 0	gave rise to immediate DUE TO
	lying couse lost.
, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
T . E	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) PERFORMED? YES \[\] NO.
E ()	The second secon
	GR CONTRIBUTING CAUSE OF DEATH USE [IF EITHER, NOTIFY MEDICAL EXAMINER]
8 'Š	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home farm, 20f. (City or town) (County) (Sta
o c	Hour o.m. While Nat while factory, street, office bldg., etc.) p. m. 19 at work at work
d far prior	21.1 certify that (I) (this traspital) attended the deceased from 10/11 , 1954, tal 0/17 , 1950, that (I) (we) is
0.0	saw the deceased alive an 11/15 19 50 and that death accurred at 5:3M Aram the causes and an the date stated above
detach Health	22b, DATE
	M.D. ATTENDING MED STAFF SIGN
2 2	22c. PHYSICIAN'S 22d. ADDRESS
3 should be ate Baord of	NAME (Type) Charles F. Hess Shithsburg, 1d. 10/18/50
die si	230 BJRIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (Stote)
the Sp	PREMOVAL (Specify) GOT 20,1960 LUTHERAN CEMETERY BEAVER CRECK WASH CO. IVID
16 1	24 FUNERAL DIRECTOR'S SIGNATURE A ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR'S S.GNATURE
(4)	Tally D' JOast, DOCNEBARA NID JACT 25'60 autur 8. Thomas

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hows after death. Page 4 may be need by the hospital ar attending physician.

The may be need by the hospital ar attending physician and campletely filled the funeral director, and the hospital physician and campletely filled the funeral director.

Done 3 knowled the described for the many that the funeral director.



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	I, PLACE OF DEATH a. COUNTY Washington			MARYLAI	2. USUAL RESII a. STATE	Md.	e deceased l	ved. If instituti b. COUNTY		wash		ian)
	RURAL and go	N (If autside carporate lime nearest tawn)	its, write	c, LENGTH OF STAY IN 1 day	E13	B CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) Hagerstown						
	d NAME OF HOSPITAL (If not in haspital, give street address or INSTITUTION Wash. Co. Hospital			ddress)	d. STREET A			n				FARM?
	3 NAME OF DECEASED	Fi	rst	Middle	Las	1 4	OF DEATH	Mor	ıth	Da	<i>'</i>	Year
	(Type ar print)	Jess		L	Kline			AGE (In years	IF UNDER	5		9 60
	5. SEX	white	WIDOWE	DIVORCED	3. DATE OF BIRTI	1892	ľ	last birthday)	Months	Days	Haurs	Min,
	10a. USUAL OCCUP	ATION (Give kind of work	dane 10b. K	CIND OF BUSINESS OR I	INDUSTRY 11 BIRTHPL	ACE (State or	fareign cou		12.CI1	IZENOF	WHATC	OUNTRY?
		during mast of working life, even if retired self employed			d Big S	Spring,	Md.		บร	A		
1	13. FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME					
	Luke	C. Kline			Annie	Bower	`s					
		EVER IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO.	17, INFORMANT			Add	lress			
	yes	{If yes, give war or dates of W.W. I	21	4-09-6578	Mrs. Susie	Kline	Hag	erstown	, Md.			
	Canditians, gave rise to cause (a), storying cause 1 PART II. 200 ACCIDENT OR CONTRIBUTION (IF ETHER, NO	immediate DUE To	DO CO	RIBE HOW INJURY OCC	itus.	f injury in Pa	rt I ar Part I	l of item 18.)			PERFO YES	AUTOPSY JEMED?
	Haur a.		While	Not while	factory, street, affice		ZUT. (CITY O	r tawn)				
į		to win	all) attended	1 (3	am. 2 ATTENDIN PHYS. 22d. ADDRI	G MED DIRE		STAFF			stoted	DATE
	230 BUR AL CREM REMOVAL (Spe	ATION, 236 DATE THERE	OF	23c NAME OF CEMETE		2	3d LOCATIO	ON (C ty, town,	or county)		(Stat	e)
tul ²	REMOVAL (Spe			Rest Haven	Ceme tery		Hager				ld.	
1	24, FUNERAL DIREC			ADDRESS		250. REC'D			STRAR'S S الدرايان			
)	Fred W. I	raiss Hage	rstow	a. Md.		DATE OCT	7 '60	Ci	الم السائيان	10000	-	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

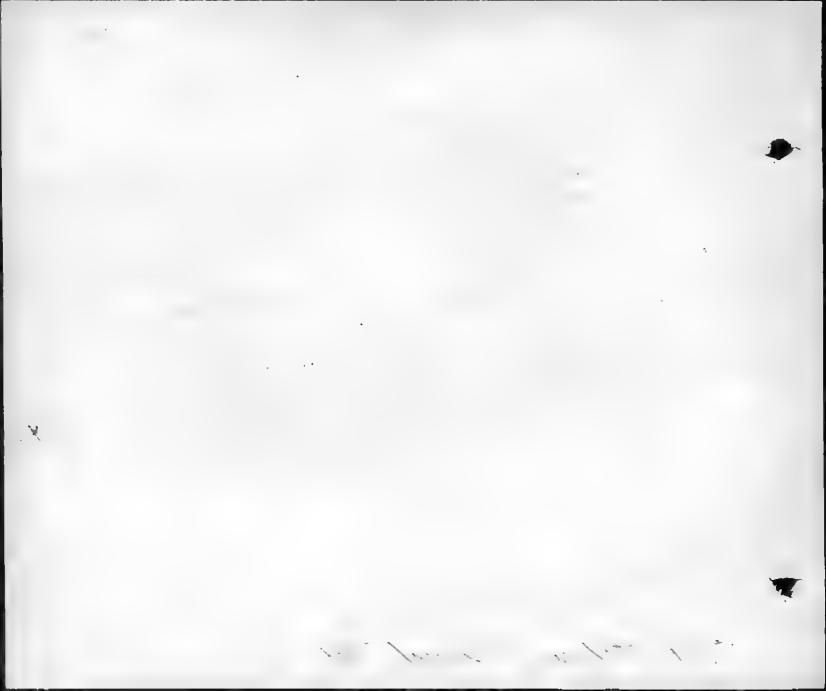
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1. PLACE OF DEATH a. COUNTY	ASHINGTON	MARYLA	- 11 ,	USUAL RESIDENCE (WHO STATE MARYL				befare admission) NGTON	
B. CITY OR TOWN OF RURAL and give in HAGERS	If outside carporate limits, write learnst tawn)	c. LENGTH OF STAY IN	116	HAGERS		te limits, write RU	RAL and giv	e nearest tawn)	
	TAL (If not in hospital, give street FERSON BLVD.		,	2330 JEF.	FERSO	N BLVD.		e. IS RESIDEN ON A FAR YES NO	KM3
3 NAME OF DECEASED (Type or print)	ELINOR	Middle RICKER	aD.	KLIPP	4. DATE OF DEATH	OCTOB:		Day Year	60
FEMALE	(Signatural Colin)	RRIED NEVER MARRIED	_	12/16/1				YEAR IF UNDER 24 oys Hours A	HRS. Min.
	ON (Give kind of work done 10) king life, even if retired)	HOME	INDUSTRY	11. 8IRTHPLACE (State MARYL	-	intry)	12 CITIZE	U.S.A.	∜TRY?
13. FATHER'S NAME SILAS	RICKERD		14	MARY HAR	IAME I				*
IS. WAS DECEASED EV	ER IN U. S. ARMED FORCES? [(If yes, give war or dates of service)	6. SOCIAL SECURITY NO. NONE	i7 INFOR	. HERBERT	L. K	LIPP Addie	AGERS	MD.	
	immediale (Cereb-	is a s	in the Ca	r. Ledes i	· . , , , , , , , , , , , , , , , , , ,	· magin (Pill) surviva surv	INTERVAL SETWE ONSET AND DE	
PART II. OT	AS UNDERLYING CAUSE OF BEATH ACTUAL EXAMINER	ESCRIBE HOW INJURY OCC					N IN PART I	(o) 19 WAS AUTO PERFORME YES NO	D?
20c. TIME OF INJU Hour a. m. p. m.	RY Manth, Doy, Year 20d. Whil			OF INJURY (Hame, farm street, affice bldg., etc.		or tawn)	(Cor	unity) ((Stote)
21 I certify the sow the deced 220 SIGNATURE	at (I) (this hospital) often	. 1 /		occurred of				/ 22b.D/	ove.
22c. PHYSICIAN'S NAME (Type)	J. D. WILE		M.D.	PHYS Lat DII 22d. ADDRESS LAGE	RECTOR LI	*-*****		0/3/60	
BURIAL	10/4/60	MT. OLT	7 7 mm	EM	FREL	ERICK		(State)	
1 - P DIRECTOR	CHU SO. J	T ADDRESS T	67	DATE ()(D BY REGISTR.		RAR'S SIGN		

may be wind by the haspital or attending physician.

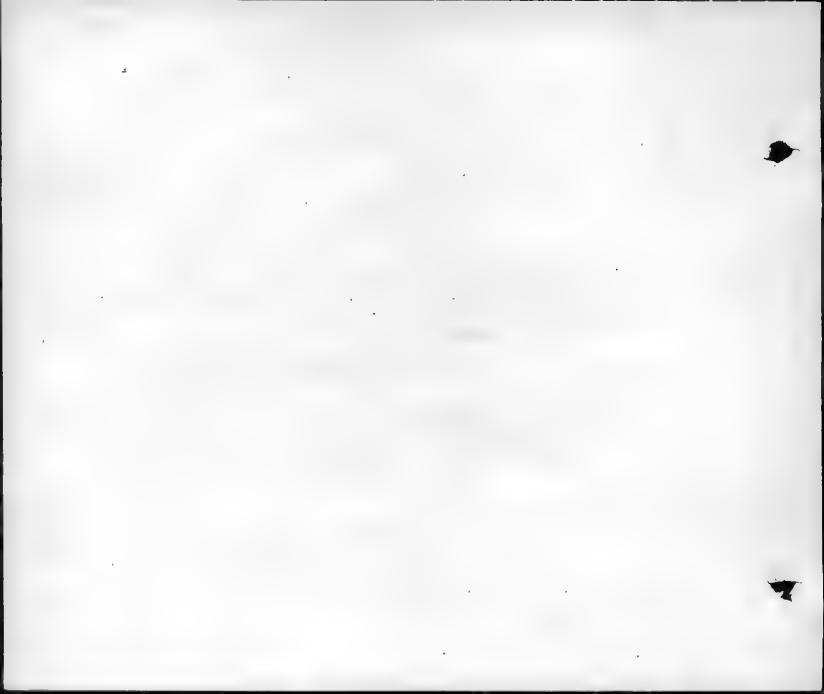
Define and campletely filled with the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or remayorly, and in any event, within 72 hours ofter death. TO HOSPITAL GIT ATTENTING FILYS IAN: The law requies that the death certificate be executed within 21 has TO FUNERAL VR A15 (4) ISM 9/S9

rs after death. Tage 4



TO HOSPITS! OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be made by the haspital ar attending physician. TO FUNE! A DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director.	page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with	he State Board of Health prior to burial, cremation, or removal, and in any event within 72 haurs ofter death
TO HOSPITA OR ATTENDING PHYSICIAN: The law r	TO FUNEI MORECTOR: After this certificate has been sign	page 3 shauld be detached far use as the burnal-trans	the State Board of Health prior to burial, cremation, or

	CERTIFICAT	E OI DEATI							
1. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (W. o. STATE MD.		If institution: Reside					
b CITY OR TOWN (If outside corporate limits, write HAGIRS TOWN	c. LENGTH OF STAY IN 16	HAGERST		its, write RURAL ond	give nearest town)				
d NAME OF HOSPITAL (If not in hospitol, give street OR NSTITUTION 128 S. PROSPECT ST.	oddress)	d. STREET ADDRESS 128 S. PROS	PECT ST.		e IS RESIDENCE ON A FARMAY YES NO				
3. NAME OF DECEASED (Type or print) CHESTER	C. KNEPPER	Lost	4. DATE OF DEATH	Month	22 Yeo 60				
MALE WHITE WIDOWN	ED DIVORCED S	DATE OF BIRTH EPT 25,1886	194	pirthday) Months	Doys Hours Min				
10a LSUAL OCCUPATION (Give kind of work done 10b CLERK BU	KIND OF BUSINESS OR INDUST OWLING ALLEY	MARYLAND	s or foreign country)		I.S.A.				
13. FATHER'S NAME CHARLES D. KNEPPER		ANN E. MIL	LER						
IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no or unknown) (If yes, give war or dates of service) 2.14	SOCIAL SECURITY NO. 17. INF 4-09-3691 M	ORMANT RS. FLORENCE	KNEPPER	HÄGERSTO	DWN,MD.				
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	ne for (o). (b). ond (c).] aralysis Agit	ans			INTERVAL BETWEEN ONSET AND DEATH 10 yrs.				
PART II. OTHER SIGNIFICANT CONDITIONS O	None.	OT RELATED TO THE TERA	AINAL DISEASE CON	DITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO				
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port Lor Part II of i	tem 18)					
Hour o.m. 19 While p.m. 19 of wor	Not while fock	TE OF INJURY (Home, for ory, street, office bldg., et	(c.)		(County) (State)				
saw the deceased alive on OCT	21 I certify that (I) (this haspital) attended the deceased from July 25, 1959, to Oct. 22, 1960 that (I) (we) last saw the deceased alive on Oct. 201960, and that death occurred at 5P.M, from the causes and an the date stated above.								
22c. SIGNATURE	Dell "		MED STA	s □ Oc	225. DATE t.24,1960.				
NAME (Type) R.A.Bell,	M.D.		gerstown	, Maryla	nd.				
BURIAL (Specify) 10/25/1960	23c NAME OF CEMETERY OR ROSE HILL	CREMATORY	rad location in	TOWN, MD."					
74. FUNERAL DIRECTOR'S SIGNATURE FRED W. KRAISS HAGERSTO	WN, MD.		CT 2 7 '60	25b REGISTRAR'S S					



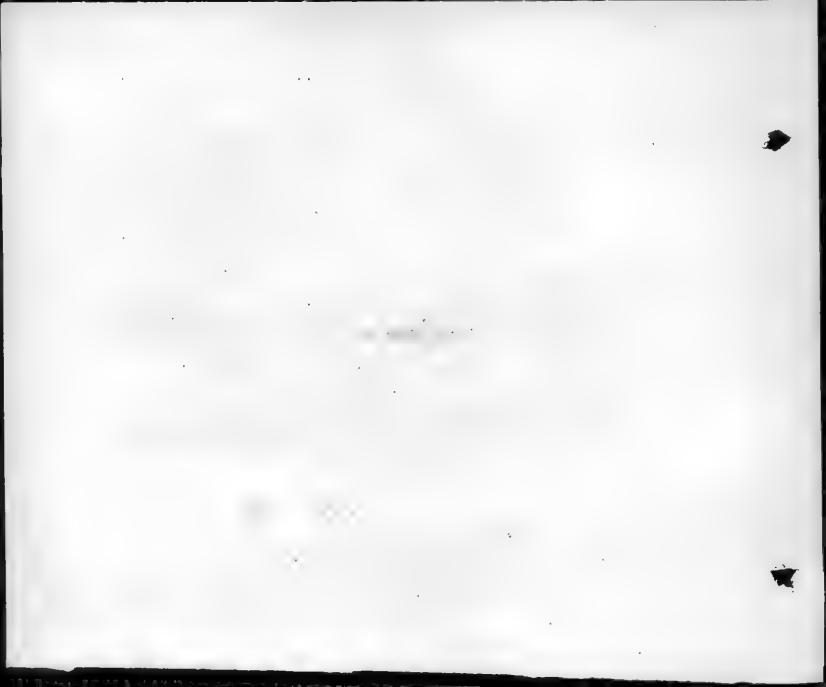
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ш.	J.E.	47	-8	q 7	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

C	E	21	IFI	CA	\TE	O	F DE	ATH

	PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY WASH.					
	b. CITY OR TOWN (If autside carporale limits, write HAGERS TOWN	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN					
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION WASH. CO. HOSPITAL	oddress)	d. STREET ADDRESS 121 WEST	SIDE AVE.		e IS RESIDENCE ON A FARM? YES NO		
	3 NAME OF First DECEASED (Type or print) ROBIN SU	Last	4. DATE OF DEATH	Month TO	23 19 60			
	5. SEX 6 COLOR OR RACE 7. MARR WHITE WIDOWS	THE THE PER STATE OF THE	b. date of birth DEC. 10, 1959	9. AGE (in last birt	1 /1	YEAR IF UNDER 24 HRS. Tays Hours Min		
	10o. USUAL OCCUPATION (Give kind of work dane 10b. during mast of working life, even if retired)	KIND OF BUSINESS OR INDUS	MARYLAND			N OF WHAT COUNTRY?		
	ROBERT F. KNODE		14. MOTHER'S MAIDEN N PATSY ARM	iame STRONG				
	(Yes, no, or unknown) I (If yes, give wor or doles of service)		iformant ROBERT F. KNO	DE HAGERS	Address STOWN, MD.			
	PART I. DEATH WAS CAUSE BY: MAREDIATE CAUSE (a) DUE TO	OS SPANS	NOT RELATED TO THE TERMI	NAL DISEASE CONDITI	ON GIVEN IN PART I	ONSET AND DEATH		
	20c. TIME OF INJURY Manth, Day, Year 20d It Haur o, m. While	Nat while foc	D. (Enter nature of injury in in ACE OF INJURY (Home form story, street, office bldg., etc.	, 20f. (City ar town)		unty) (Stote)		
	21. I certify that (I) (this hospital) ottend sow the deceased alive on 6 22 22a SIGNATUPE	led the deceased fram	M.D. ATTENDING ME PHYS 22d ADDRESS	ED STAFF RECTOR PHYS	ses and an the	thot (I) (we) last date stoted above. 22b DATE SIGNED		
	230. BURIAL CREMATION, 23b DATE THEREOF TO/26/1960	ROSE HILL	R CREMATORY	23d. LOCATION (C. ty. HAGERS TO		(Stote)		
APPS.	FRED W. KRAISS HAGERS	TOWN, MD.		D BY REGISTRAR 2S	b. REGISTRAR'S SIGN	4 4		

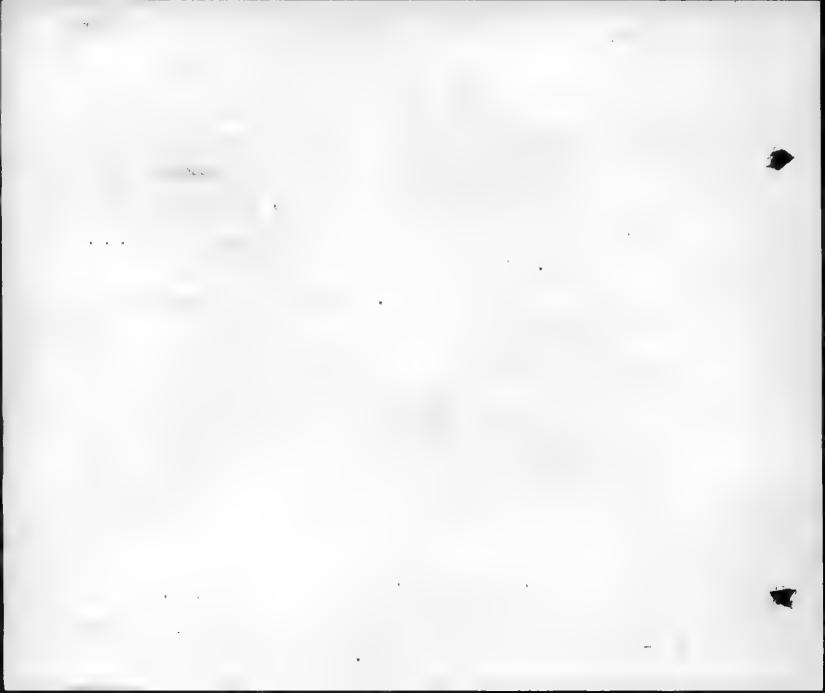


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	Nashington	· MARYLAND		Aryland b. COUNTY Washington			
	b. CITY OR TOWN (If outside corporate RURAL and give nearest town) Hagerstown	e limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate lim	its, write RURAL and give nearest town)			
	d. NAME OF HOSPITAL (If not in hospit OR INSTITUTION Washington County He		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO 🔯			
	3. NAME OF DECEASED (Type or print) ANNE	First Middle WRIGHT	KOHLER 4. DATE OF DEATH	tober 29 19 60			
	5 SEX 6. COLOR OR RA Female White	ACE 7. MARRIED . NEVER MARRIED . WIDOWED . DIVORCED .	8. DATE OF BIRTH September 22, 1889 lost	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS birthdoy) Months Days Hours Min.			
	10a. USUAL OCCUPATION (Give kind of w during most of working life, even if re HOUSEWILE	vark done 10b KIND OF BUSINESS OR INDU- etired)	Denver, Colorado	12. CITIZEN OF WHAT COUNTRY?			
\	13. FATHER'S NAME William L	er					
	15. WAS DECEASED EVER IN U. S. ARMED [Yes, no, or unknown] (if yes, give war or date TIO	ten of secure	Earl Kohler Hager	stown, Maryland			
	PART I. DEATH WAS CAUSED IMMEDIATE CAU 53 DU Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying couse lost.	(b) JE TO (c)	lungs & liver				
	PART II. OTHER SIGNIFICANT 2003. ACCIDENT WAS UNDERLYING E OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN 200 TIME OF INJURY Month, Day, Hour o m. p. m.	ATH NER) / Yeor 20d, INJURY OCCURRED 20e, PL	D. (Enter nature of injury in Port I or Port II of it ACE OF INJURY (Home, farm, tare), street, affice bldg., etc.)				
	21 I certify that (I) (this hasp saw the deceased alive an_ 220 SIGNATURE		Meath accurred di	ashington St.,			
	230 BURIAL CREMATION, 236 DATE THE REMOVAL (Specify) 10/31,	1960 Rest Haven C	R CREMATORY 23d. LOCATION (City, town, or county) (State)			
	Suter - Rouzer Fune:	ral Home Homess	25a. REC'D BY REGISTRAR	256 REGISTRAR'S SIGNATURE			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11907

	CERTIFICATE OF DEATH
1, 1	PLACE OF DEATH COUNTY Washing tow MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE MAYLAND 1 COUNTY Wash Maryland Wash Marylan
l	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) State Line
61	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION THE CHICE (Wash, Ce., md.) State Line Past office (wash, Co., md.) YES NO DE
	NAME OF DECEASED Type or print) RESSIE Widdle World A. DATE Month Day Year OF DEATH CC. 1. 16 1960
5 5	emale whose Divorced Sept. (6, 1879 9. AGE (In years let UNDER 1 YEAR IF UNDER 24 HRS let U
100	- USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE (State or foreign country) WHO USER CORP HOME TOWN CO., Pa. 12. CITIZEN OF WHAT COUNTRY WHAT COUNTRY TOUSEKEE DEF
13.	George A. Koons Elzabeth Newman.
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 13 INFORMANT PURPLE OF SECURITY NO. 13 INFORMANT PURPLE OF SECURITY NO. 13 INFORMANT PURPLE OF SECURITY NO. 15 INFORMANT PURPLE OF SECURITY PURPLE OF SECURITY NO. 15 INFORMANT PURPLE OF SECURITY NO. 15 INFORMANT PURPLE OF SECURITY PURPLE OF SECU
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PRODUCTION OF THE PROPERTY OF THE
	conditions, if ony, which) (b) Generalized Forterio - acterosis 40 yrs
	gove rise to immediate couse (a), stating the under- lying couse lost.
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PRINT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PRINT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PRINT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PRINT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION OF VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PRINT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION OF VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PRINT II OTHER SIGNIFICANT CONTRIBUTING TO THE TERMINAL DISEASE CONDITION OF THE
	206 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 of work of wor
	21 I certify that (I) (this haspital) attended the deceased fram. 1960, to 160tt 1960 that (I) (we) last saw the deceased alive on 155 45 1960 and that death occurred at M, from the causes and an the date stated above
	220. SIGNATURE 2016 ATTENDING MED STAFF SIGNED
	22c PHYSICIAN'S NAME (Type) PTWEBSTER 22d ADDRESS GREENLASTLE-
230	BUR AL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City, town, or county) REMOVAL (Specify) (0/19/60 Court Hill Cyreencustle Pu
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE DATE DET 2 0'60 Cuthur & Kinns

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after death. Page 4 may be need by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar remaval, and in any execut within 72 haurs after death.

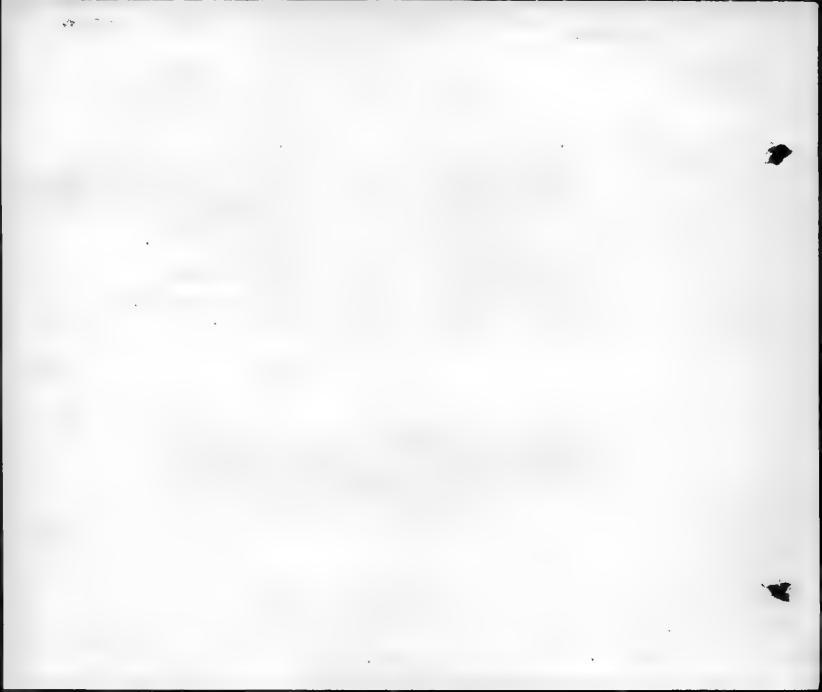
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TO HOSPITAL OR	may be Inned	TO FUNER DIRE	poge 3 should b	
VR	A	15	(4)	
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CERTIFICATE OF DEATH

	Washington	MARYLAND	o. State Maryland	Washington	refore domission)
	b. CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carpor		nearest tawn)
	RURAL and give nearest town) Hagers town	5 Mos	Hagerstown	45	
	d. NAME OF HOSPITAL (If not in haspital, give street		d. STREET ADDRESS		e. IS RESIDENCE
	Ga teway Conv. Home		833 Maryland A	те	ON A FARM? YES NO TO
	3. NAME OF DECEASED (Type or print) JOSEPHINE	AGNES K	REGLO 4 DATE OF DEATH	Manth October 21	Day Year 196019
	S SEX 6. COLOR OR RACE 7. MARS	RIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years IF JNDER 1 Y last birthday) Manths Da	EAR F UNDER 24 HRS
	Female White WIDOW		January 19 1877	83 yrs.	7. 1.00.5
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 8IRTHPLACE (State or foreign co	untry) 12. CITIZEN	N OF WHAT COUNTRY?
		Own Home	magerstown Was	sh Go Md. I	JSA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	- ()	
	Fernandas Fox		Virginia Kne	eisley	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	
)	No =	None Th	omas M. Harr 833	3 Maryland Av	re .
	18. CAUSE OF DEATH [Enter only one couse per li	ne for (a), (b), and (c).}	Hagerstown Mc	i.	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Branch -	Busmois		ONSET AND DEATH
	5 H DUE TO	100000000000000000000000000000000000000		i	///
	Canditians, if any, which }	Carcinon	· / Leturo		20 month
	gave rise to immediate (DUETO		· · · · · · · · · · · · · · · · · · ·	1	
	lying cause last.		•		
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO P
		CRISE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part	[I of item 18.]	
	ZOC. TIME OF INJURY Month, Day, Year 20d. 1		ACE OF INJURY (Hame, form 20f. (City	ar town) (Cau	inty] (State)
	20c. TIME OF INJURY Month, Day, Year 20d. I Haur a.m., While at war	Null willing	ctary, street, affice bldg , etc.)		
	21. I certify that (I) (this haspitel) attend	ded the deceased fram	2-26 . 1958, 106	0-21- 160	, that (I) (we) last
	saw the deceased alive an 10-20	120 and that a	leath accurred at M, fram	the causes and an the d	late stated above.
1	220 SIGNATURE Such	Och	ATTENDING MED PHYS DIRECTOR	STAFF PHYS	226 DATE SIGNED
	22c. PHYSICIAN'S	7	22d ADDRESS	X /	
	NAME (Type) FIREWA	11110h	Hogen	Trin my	
	230. BUR AL, CREMATION, 235, DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d LOCAT	TON (City, town, or county)	(State)
1	Burial 10/24/60	Rose Hill C	emetery Hage	rstown Wash (lo Md
	24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'D BY REGIST	RAR 256, REGISTRAR'S SIGN	ATURE
	Andrew K. Coffman H	agerstown Mo	DATE OCT 26	BU CINIMI 2.	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

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Dovs

U.S.A.

IS RESIDENCE

ON A FARM?

YES NOTE

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Hours

INTERVAL BETWEEN ONSET AND DEATH

one week

PERFORMED?

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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND Washington Allegany Marvland b CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 RURAL and give nearest town) Frostburg Hagerstown d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Western Maryland State Hospital W. Main Street NAME OF Middle DATE Month filled DEATH 7.05 deoth. (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 52 yrs Months M DIVORCED KI 12-17-1907 WIDOWED [7] papers. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Cadillac Lounge Frostburg pub 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 5 John G. Kylus Anne Grable physicio IS WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17, INFORMANT Address Cumberland. dales of service) 220-10-8631 No None Mrs. A.W. Resser, 419Lousiana Ave. attending please 18. CAUSE OF DEATH [Enter only one couse per Jiffe for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** eek and throat ģ aval. Conditions, if ony, which (b) te has been signed burial-transit permi gove rise to immediate **DUE TO** couse (a), stating the underhysician. lying couse lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY onard 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) affending 20b. DESCRIBE HOW MUURY OCCURRED (Enter noture of majory in Port I or Port II of item 18.) certificate ‡ Ę, SO 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) bur Doy, Year 5 factory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m. After 1960. to OCT. 22, 1960 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from August saw the deceased alive on _OCT 19 60, and that death occurred at M, fram the causes and on the date stated above. 22o. SIGNATURE ATTENDING PHYS MED DIRECTOR STAFF PHYS.

Young E. Chun, M. D.

DIRECTOR 22c PHYSICIAN NAME (Type FUNER page 3 230. BUR AL, CREMATION, 23b DATE THEREOF

REMOVAL (Specify)
Burial

Run

23c NAME OF CEMETERY OR CREMATORY

Main. Frostburg.

MD

22d. ADDRESS

23d LOCATION (City, fown, or county)

(Stote)

(County)

0-25-60 St. Michaels Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE Hafer Tifferal Home

Frostburg 250. REGID BY REGISTRAR 40

25b. REGISTRAR'S SIGNATURE Orthur S. Kines

0 VR A15 (4) 1SM 9/59

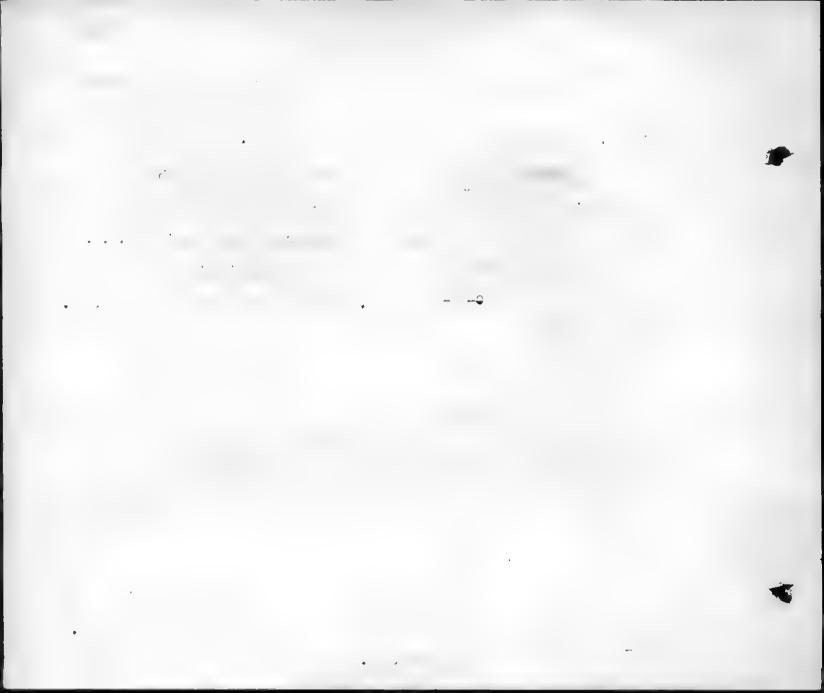


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				CERTII	FICA'	TE OF DEATH			I.	[AY	·U	
	COUNTY Was	hington		MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE Mary)	_	l lived If institution b. COUNTY		ce befor		ion)
	RURAL and give ned Hagersto	own		39 years		c CITY OR TOWN (IF of Hager)	,	rate limits, write RL	RAL ond	give nea	rest fown)
- 4	OR INSTITUTION	Le (If not in hospital, g				61 Randolph	lve.					FARM?
DE	ME OF CEASED pe ar print)	GEOR G	3	Middle	LAM	Lost B ILLOTTE	4. DATE OF DEATH	Mon Octob	er	Day 6	1	reor 19 60
	ale	White	WIDOW		ED 🔲	June 10, 1881		9. AGE (In years lost birthdoy) 79 yrs	Months	Doys Doys	Hours	R 24 HRS Min
ď	luring most of working lazer	N (Give kind of work in ng life, even if retired		Self Employ		Pittsburgh	Penr			S.A		OUNTRY?
		rthol Lamb					ina So					
	AS DECEASED EVER o, or unknown} [H	IN U. S. ARMED FOR f yes, give war or dates of s		SOCIAL SECURITY NO. 29-30-9699		Firmine L	ambill	Addr Lotte Hag	 ersto	wn.	Md.	
	PART DEAT	H WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO y, which mediate	, (are for (a), (b), and (c)	m; m	y c-	lun	me to	<u>s, i</u>	INTE	RVAL BEET AND	TWEEN DEATH TUNK
CERTIFICATION	Da ACCIDENT WAS	UNDERLYING []				NOT RELATED TO THE TERMI			EN IN PAR	T 1(a) 19	PERFO YES	AUTOPSY PRMED? NO
اب- ا	OR CONTRIBUTING I	CAUSE OF DEATH	-	NJURY OCCURRED Not while	20e. PL/	ACE OF INJURY (Home, form tory, street, office bldg., etc.	20f (City		(County)		(State)
\$ 2	I I certify that aw the decease 20 SIGNATURE PHYSICIAN S NAME (Type)) altendo	ded the deceased in 19 les, and	d that d	eath occurred at 3 44	M, from	the causes and			stated	
Br	BURIAL CREMATION REMOVAL (Specify)	10/8/196	of O	23c NAME OF CEA				TION (City, town, c		1	(Stat	e)
24 Fg	ineral director's	puzer Funer	ral F	ome Hagerston	m. M	. 0	O BY REGIST	cn l	TRAR'S SI		E	

urs after death. Page 4 The attending physician and completely filled by the funeral director, Then please remave darbam pages. Pages I and 2 shauld be filed with and in any event, within 72 hours after death. OF ATTENBUIG PRYSICIEN: The fam equires that the death serificate sequires within 24 ha TO FUNER - DIRECTOR: After this certificate hos been signed by the attending physician page 3 should be detached for use as the burial-transit permit. Then please remave during the State Baard of Health priar to burial, cremation, ar remaval, and in any event, within

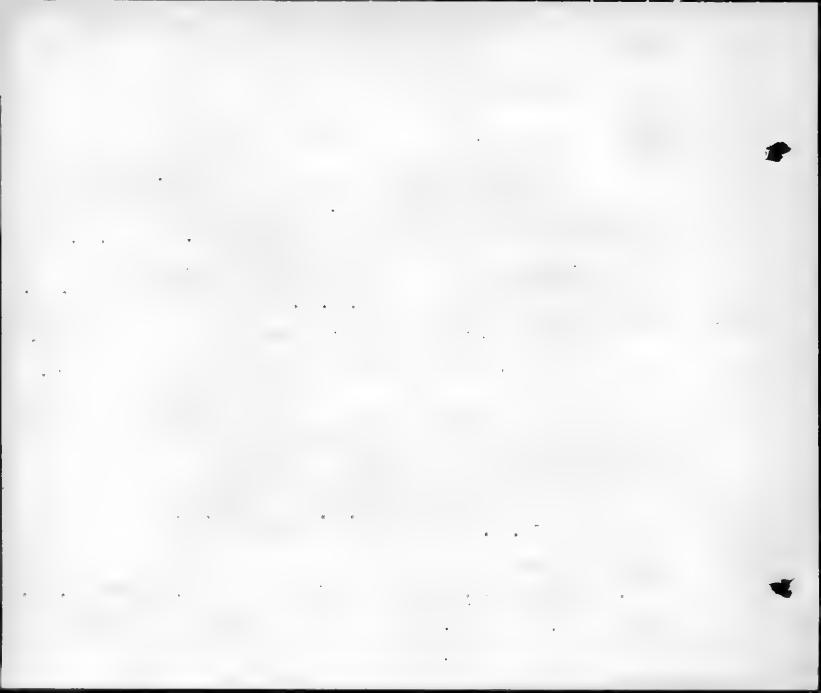
TO HOSF VR A15 (4) 15M 9/59



11923CERTIFICATE OF DEATH PLACE OF DEATH o. COUNTY 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY be filed MARYLAND Washington Maryland Washington funeral b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) day Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Virginia Ave. ON A FARM Rest YES NO. Washington County Hospital NAME OF Middle 4. DATE DECEASED 1960 Pages death. (Type ar print) DEATH Oct. Lincoln Andrew Landis 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) 98 yrs White WIDOWED Male DIVORCED | Nov. popers. 듐 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Storekeeper Grocery Store Union Deposit Pa. U. S. A and rbon 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Martin Landis Berbern Hooker remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Martinsburg No None Mrs. E. J. Whitmore RFD #2 please any 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Acute Myocardial Infarction hrs IMMEDIATE CAUSE (a) DUE TO MArteriosclerotic Heart disease Conditions, if any, which permit. gave rise to immediate DUE TO couse (a), stating the underlying cause last. CATON PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11/61/19. WAS AUTOPSY PERFORMED? YES TO NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) Day, Year 20d. INJURY OCCURRED (State) foctory, street, office bldg., etc.) Hour o. m. While Not white at work of work p. m 21 I certify that (I) (this haspital) attended the deceased fram. 10.13 10.14.609, and that death occurred at 4.18, from the causes and on the date stated above. saw the deceased alive on. 22a SIGNATU 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR [22c PHYSICHAN 22d. ADDRESS 3 shauld NAME Type N. Potomac St., Hagerstown, Md. Ear] Young BURIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, or county) REMOVAL (Specify) St. Pauls Cemetery Western Pike Hagerstown RFD 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR DATE OCT 1 8 '60 Orthur & Krush

physician ottending [ģ been signed attending physician DIRECTOR: TO FUNERAL

VR A15 (4)



VR A1II (4) 15M 9/59

11924

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH			2 USUAL RESIDENCE (Where deceased lived. If inst	
. COUNTY Was	shington	MARYLAND	o STATE Maryland b. COU	Allegany
b. CITY OR TOWN (III RURAL and give ne	f outside corporate limits, write arest tawn)	c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, wri	te RURAL and give nearest town)
Hagerston	WID	2 Months	Mt Savage	
d. NAME OF HOSPITA	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Maryland State	Hospital	5	YES NO
NAME OF DECEASED	1 I First	Middle	T A OF	Month Day Year
(Type or print)	MARTU	Joseph	LAVIN DEATH	0 7 1960
S. SEX		RIED NEVER MARKIED	8. DATE OF BIRTH 9. AGE (In Se	
Male	White WIDOW	ED DIVORCED	1 17 7000	yrs. Manths Days Hours Min
On. JSUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
0.00	perator		Maryland	U. Saska
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
John L	avin		Rebecca Folk	
		SOCIAL SECURITY NO. 17. IN		Address
No. no, or unknown)	(If yes, give wor or dates of service)	13-09-9875 Mm	s. Fanny Lavin Mt Savage	Maryland
	TH [Enter anly one couse per ji		Thank The Dallage	INTERVAL BETWEEN
	TH WAS CAUSED BY IMMEDIATE CAUSE (o)	cuto And	awater weutici	OM CU ONSET AND DEATH
Allere at Allere		care ma	preatory msay from	T. VEEK
1527	DUE TO	· Parazza and	amplitude 11/2	1. Va /- 110
Conditions, if a		umonary	empugsema, Asf	use 5 years
gave rise to it cause (a), stating	h Dije to 5	U	. 0	
lying couse lost.	(c)			
PART II OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Š				YES NO
PART II OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Port I or Port II of item 18.)
	MEDICAL EXAMINER)			
3 20c. TIME OF INJUR	Y Month, Day, Year 20d. I		ACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
Hour o.m.	While	Not while for	tory, street, office bldg., etc.)	
	OT WO		11 1 5 5 4	10
21 I certify tha	et (I) (this haspital) attend	ded the deceased fram	Aug 11 1960, to OCT.	7, 19_60 that (I) (we) las
saw the deceas	ed alive on Det	7 19 60 and that a	leath accurred at 4 M, fram the causes	and on the date stated above
226 SIGNATURE	0	20	ATTENDING MES	22b DATE
4	Durid L	Chrim	M D. PHYS. DIRECTOR PHYS	04.8.796
22c PHYSICIAN'S	1		22d. ADDRESS / I PROCESS	Ala Heart
INAMIC HADE			15 00 Fenna	1 7 ve Hay essiown
Za. BURIAL, CREMATIO	N. 236 DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d, LOCATION (City, to	wn, or county) (State)
REMOVAL (Specify) Burial		Methodist Co		Marvland
24 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	250 REC'D BY REGISTRAR 2Sb. F	REGISTRAR S SIGNATURE
			00' 1 0 '60	Chillus S. Kraus
n. Lee S1	lcox Cumberla	nd <u>Maryland</u>	DATE UCI 10 00	

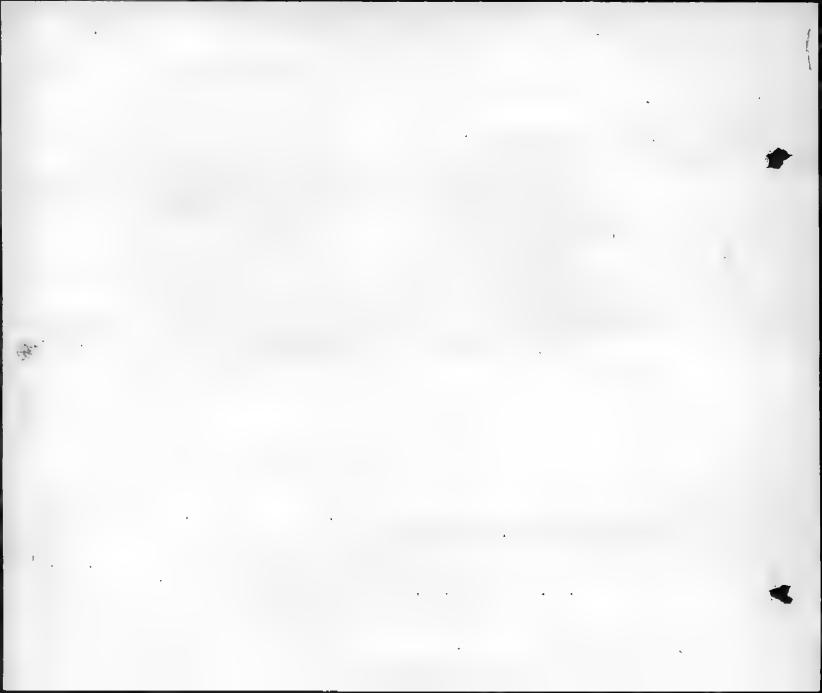


11913

1 2	LACE OF DEATH	HINGTON	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYL	AND b. COL	titution: Residence	before admission) NGTON
Ь	RUPA CON TOWN (IF C	outside corporate limits, write	6 YRS.	HAGLESTOW		ite RURAL and give	e nearest town)
V	H. NAME OF HOSPITAL	N COUNTY HOS	PITAL	d. STREET ADDRESS 122 S. LOC	UST ST.	1	e. IS RESIDENCE ON A FARM? YES NO (2)
E	NAME OF DECEASED Type or print)	CECIL	IRVIN LI	ATHERMAN	4. DATE OF DEATH OCT	Month OEFR	Day Year
5 SI	MALE	6 COLOR OR RACE 7. MARR	IED ANEVER MARRIED D	8/10/1893	9. AGE (In y lost birtho		rear IF UNDER 24 HR bys Hours Min.
0 0	USUAL OCCUPATION duting most of working	at 128 and the second to the s	KIND OF BUSINESS OR INC AIRCRAFT ME	G. CO. IARY	LAND		S.A.
3. F	JOHN MAHI	LON LEATHERM	AN	14. MOTHER'S MAIDEN N		13.4	
		IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. 215-14-1777		LE LLATH	Address FIAT	J! KO! [J]
	PART I. DEATH	DUE TO		ycystic kidn	ey disease	, ,	INTERVAL BETWEEN ONSET AND DEATH 10t Etermined
	Canditians, if any gove rise ta im couse (a), stoting the lying couse last.	MMEDIATE CAUSE (o) B1- DUE TO which (b) (b) DUE TO e under. (c)	lateral pol	ycystic kidn		al	onset and death not etermined
CERTITION	Canditians, if any gove rise ta im couse (a), stoting the lying couse last.	WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO (b) Mediote e under: R SIGNIFICANT CONDITIONS C UNDERLYING CAUSE OF DEATH	lateral pol		nal disease conditioi	O GIVEN IN PART 1	onset and death of the control of th
CEXTIFICATION	Canditians, if any gove rise ta im couse (a), stoting the lying couse last. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING INTERPRETATION OF LIFE EITHER, NOTIFY M	WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO (b) Mediote e under: R SIGNIFICANT CONDITIONS C UNDERLYING [] 20b. DESC UNDERLYING [] CAUSE OF DEATH LEDICAL EXAMINER; Month, Day, Year 20d. If While	CONTRIBUTING TO DEATH B CRIBE HOW INJURY OCCUR	UT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION ort I ar Port II of item 18	N GIVEN IN PART 1	ONSET AND DEATH 10t 2termined
CEXTIFICATION	Canditians, if any gove rise ta im couse (a), stating the lying couse last. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY Manual Manu	WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Which mediate but to CC R SIGNIFICANT CONDITIONS C UNDERLYING CAUSE OF DEATH EDICAL EXAMINER) Month, Day, Year 20d. It While of worl (1) (this haspital) attends	CONTRIBUTING TO DEATH B CRIBE HOW INJURY OCCUR NURY OCCURRED Not while at wark	UT NOT RELATED TO THE TERMIN RED. (Enter noture of injury in P PLACE OF INJURY (Home, farm, foctory, street, affice bldg., etc.	ort I ar Port II of item 11 20f. (City or town) 6 Qa Oct.	O GIVEN IN PART 1 (Co. 27 , 19 60	(o) 19 WAS AUTOPS PERFORMED? YES NO S
CENTIFICATION	PART I. DEATH Canditions, if any gove rise to im couse (a), stoting th lying couse lost. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY M 20c. TIME OF INJURY Hour a.m. p.m. 21 I certify that saw the decease 22a. SIGNATURE	WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Which mediate but to CC R SIGNIFICANT CONDITIONS C UNDERLYING CAUSE OF DEATH EDICAL EXAMINER) Month, Day, Year 20d. It While of worl (1) (this haspital) attends	CONTRIBUTING TO DEATH B CRIBE HOW INJURY OCCUR NURY OCCURRED Not while at wark	RED. (Enter noture of injury in P PLACE OF INJURY (Home, farm, foctory, street, affice bldg., etc. DOCT 7 death accurred at ATTENDING ME PHYS ME	NAL DISEASE CONDITION ort I ar Port II of item 11 20f. (City or town) 6 Qa Oct. M. fram the cause ECTOR STAFF PHYS	N GIVEN IN PART 1 (Coo. 27, 19, 60 s and an the coo. 00	(o) 19 WAS AUTOPS PERFORMED? YES NO TO NO
MEDICAL CERTIFICATION	PART I. DEATH Canditians, if any gove rise ta im couse (a), stating th lying couse last. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY M 20c. TIME OF INJURY Haur a. m., p m. 21 I certify that saw the decease 22a. SIGNAYOF NAME (Type)	WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Which mediate e under: R SIGNIFICANT CONDITIONS C UNDERLYING 20b. DESC CAUSE OF DEATH LEDICAL EXAMINER) Month, Day, Year 20d. It White of worl (1) (this haspital) attend d alive on OCt	CONTRIBUTING TO DEATH B CRIBE HOW INJURY OCCUR NURY OCCURRED Not while at wark	PLACE OF INJURY (Home, farm, foctory, street, affice bldg., etc. DOCT 7 death accurred at ATTENDING ME PHYS DI 22d. ADDRESS 148	NAL DISEASE CONDITION ort I ar Port II of item 11 20f. (City or town) 6 Qa Oct. M. fram the cause ECTOR STAFF PHYS	Consider in Part 1 27, 19 60 s and an the contington Maryland	ONSET AND DEATH OUT (o) 19 WAS AUTOPS PERFORMED? YES NO TO THE COLUMN NO THE COLUMN N

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hard be hardened by the hospital or attending physicion.

TO FUNERAL DIBICIOR: After this certificate has been signed by the attending physician and campletely filled poge 3 should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages 1, the State Board of Health prior to burial, cremation, or removal, and in any event withing plants ofter death, VR A15 (4) 15M 9/59



CERTIFICATE OF DEATH

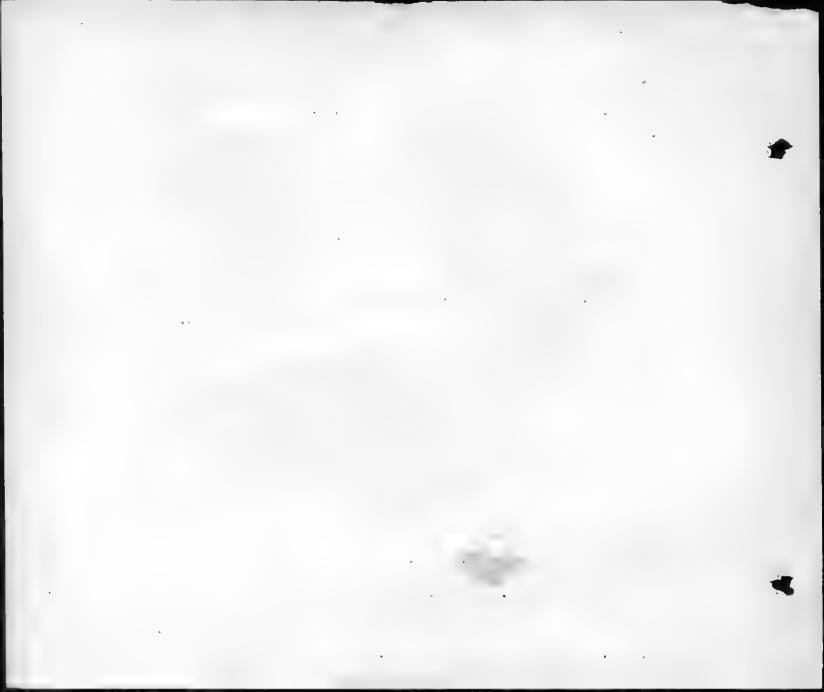
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11914

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 bours after death. Page 4 may be the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this confidence was been signed by the attending physician and mampletely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 Fabre after death. VR A1S (4) 1SM 9/59

<u> </u>	302
1. PLACE OF DEATH D. COUNTY MARY	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) U. STATE Florida. Polik
Washington	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) His corp of towns	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Lakeland
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Washington County Hospital	1511 Boone Court
3 NAME OF DECEASED (Type or print) DAVID ELWYN	LEONARD Lost Oct 5 1960 19
II. SEX 6. COLOR OR RACE 7. MARRIED ☐ NEVER MARRIE	ED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 1F UNDER 24 HRS
Male white widowed □ DIVORCE	August 18 1881 last big Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS O	
Mechanical Engineer Retired	Australia USA
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
No Record	No Record
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	. 17 INFORMANT Address
No (15 yes, give wor or dates of service) 214-09-587	O Mrs Jean Darley 27 Laurel St
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).	Hagerstown Md. INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	
and the second second	Alla tilla tollacano colla
Canditions, if any, which	secerate way custose sup
cause (a), stating the under DUE TO	the self offers
lying cause last. (c) (c)	exact way
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	YES NO
	CCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20e. PLACE OF INJURY (Hame, farm, 20f (City ar town) (County) (State
Hour a. m. While Nat while	factory, street, affice bldg., etc.)
p, m. 19 at wark at wark	
2: I certify that (I) (this haspital) sitterded the deceased	from 196/60, 19 , ta/0/4/6 19 , that (I) (we) las
	that death accurred at 2 P.M. from the causes and on the date stated above
22a. SIGNATURE	22b DATE
Sand Moure	ATTENDING MED STAFF M.D. PHYS. PHYS. SIGNER
22c. PHYSICIAN'S	22d. ADDRESS A MAN AND AND AND AND AND AND AND AND AND A
NAME (Type) C FARI 1/001/C	HVM Katemer - alager brown
TO A DAY CONTROL ON DAY TURNES	THE OF THE PROPERTY OF THE PRO
REMOVAL (Specify)	ETERY OR CREMATORY 23d LOCATION (City town, or county) (State)
Burial 10-8-60/ Rest Ha	iven Cemetery Hagerstown Wash Co Md
24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE OCT 1 1 '60 Cuthing S. Thomas
Andrew K. Coffman Hagerstown	Md. OCT 11'60 Cuther S. Pront



CERTIFICATE OF DEATH

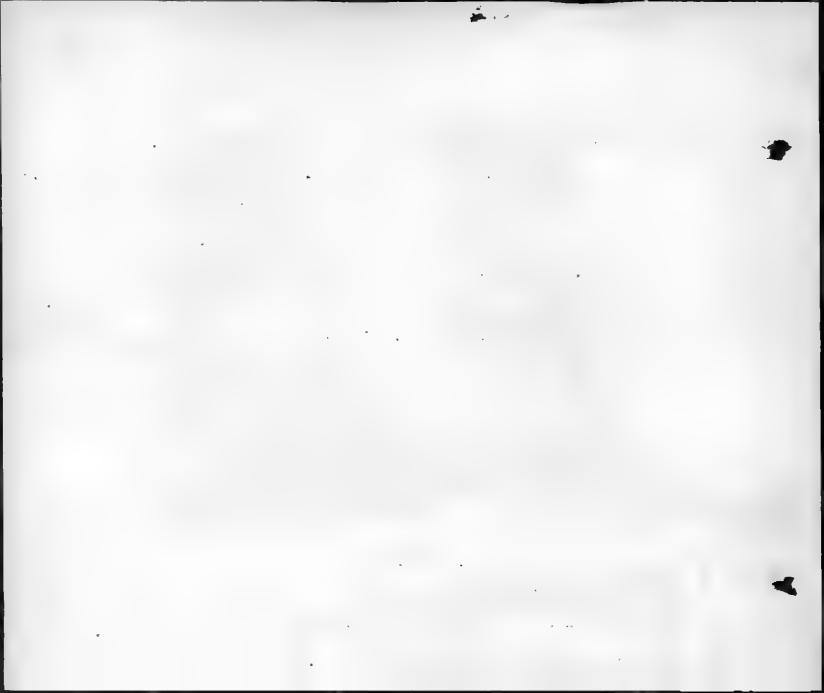
11915

	
PLACE OF DEATH COUNTY Nashington MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) 6. STATE LAST YIELD b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RUPAL and give necrest lown) 118 6678 COWN 1 2 Years	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Hagerstown
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2 3 2 1 rederick St	d STREET ADDRESS 232 Frederick St. c IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO
3. NAME OF DECEASED (Type or print) John Wesley Liz	zer Jr. 4. DATE Month Doy Year OF DEATH October 5 19 60
Male White WIDOWED DIVORCED	B DATE OF BIRTH August 28, 1958 9. AGE (In years leaved and leave
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None None	rederick "d.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Lizer Sr.	Jacqueline Johnston
(Tes. Dit of tult mount) . (If was nive were or rights of apprica)	NFORMANY Address
Je	acqueline Johnston Hagerstown Md.
PART! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), stoting the under: lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT None	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED? YES \(\text{NO} \)
	D. (Enter nature of injury in Part 1 or Part II of item 18.)
	ACE OF INJURY (Home, form, 20f (City or town) (County) (Statestry, street, office bldg., etc.)
saw the deceased alive an_10=5=60 19, and that a	9-15-58 19 , to death 19 , that (I) (we) lideath accurred at PM, from the causes and on the date stated above
220 SIGNATURE TO TEAT TO PH Kecedoo	M.D. ATTENDING MED. STAFF PHYS PHYS PHYS October 1966
NAME (Type) Robert F. Keadle	318 North Potomac Street, Hagersto
230 BURIAL CREMATION, 23b, DATE THEREOF 23c NAME OF CEMETERY C REMOVAL (Specify) 10-9-60 Rose Hill	Cemetery Hagerstown Ma
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REG STRAR'S SIGNATURE
Scott F. Minnich & Son Hagerstow	in IND DATE OCT 10'60 arthur 8. Knows

after death. Page 4 the funeral director, should be filed with the ottending physician and completely filled ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Then please remove carbon papers. may be required by the haspital ar altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit.

TO HOSPI VR A15 (4) 15M 9/59



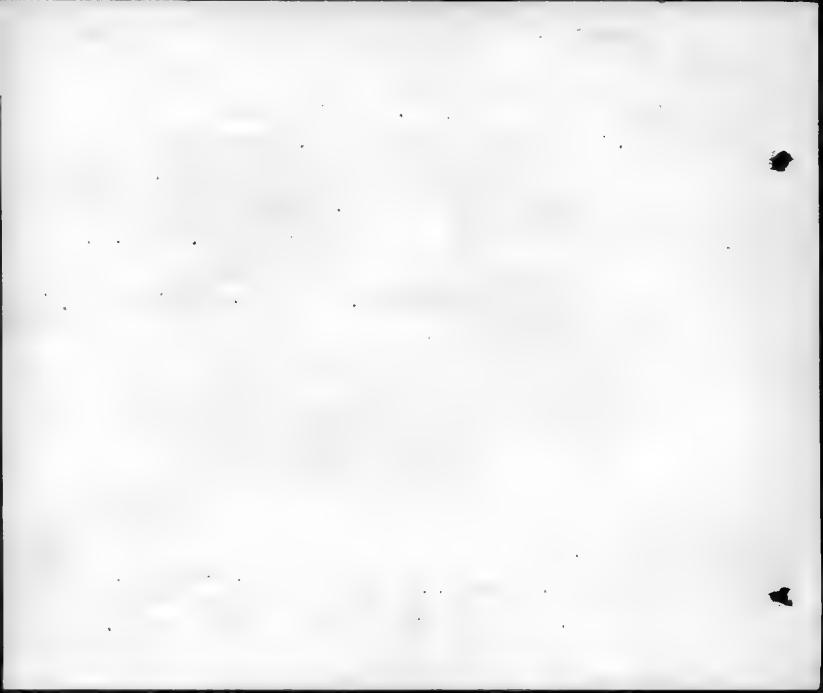
CERTIFICATE OF DEATH

11916

	TIN	0.4	CERTIFICA	IE OF DEATH		4.4	210
F	PLACE OF DEATH			2. USUAL RESIDENCE (WH	nere deceased lived.	If institution: Residence b	nefare admission)
	a. COUNTY Wa	ashington	MARYLAND	o. STATEMaryla	ınd b.	COUNTY Washi	ngton
ı	b. CITY OR TOWN (IF	outside carporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside carparate limit	s, write RURAL and give	nearest tawn)
	RURAL and give nea W1111ams	sport	75 yrs.	X William	sport		
ľ		L (If not in haspital, give street	oddress)	d. STREET ADDRESS			* IS RESIDENCE ON A FARM?
Ł	123 W. I	Potomac Stre	et	129 W. Sa	lisbury	Street	YES NO 🐧
Ī	3. NAME OF	First	Middle	Last	4. DATE	Month	Day Year
ŀ	(Type or print)	Edward	Stake	Malott	DEATH	Oct. 2	9 19 60
	S SEX	6 COLOR OR RACE 7 MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE		EAR IF UNDER 24 HRS
1	Male	White wipowi	ED 📉 DIVORCED 🔲	Oct. 8 1885	5 75	irthdoy] Months 12	B HOUS WIII,
		(Give kind of work dane 10b					OF WHAT COUNTRY?
	Trucker	B	rick Co	Williams	sport Md.	. U.	S. A
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
١L		Elias Malott		Molly	y Jones		
)[IN U. S. ARMED FORCES? 16.		IFORMANT	12	3 Wdress Poto	mac St.
1	No	22	20 18 0309 M	rs. Harry V	olker Wi	lliamspor	t Md.
Γ		H [Enter only one cause per li	for (a), (b), and (c).]	1) , 16		10	INTERVAL BETWEEN
1	PART I. DEAT	H WAS CAUSED BY:	remome 1	left luder / D.	molies		10 mo.
	163	DUE TO		Henr Desc			1 -
	Conditions, if an		affermely the	Henr Here	126		/luon/ks.
	gave rise to im cause (a), stating th						
1	lying cause last.) (c)				1	17
	NOTHE PART II. OTHE	R SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDI	ITION GIVEN IN PART 1(PERFORMED?
	5 00 + CC105 1/5 1/4 1		CDIST HALL BLUDY ACCUSE	D. 15.	P-+ 1 P-+ 11 -6 14-	10)	YES NO []
1	20a ACCIDENT WAS OR CONTRIBUTING I	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature or injury in	Port I or Part II de IIe	am ip.j	
- 1		1	WILLIAM OSCUPATE 20- BI	ACE OF INJURY (Home, form	- 1006 (Cit 1	100	-6-1 (F4-1-1
-	20c. TIME OF INJURY Hour a.m.	While	Nat while fac	ctory, street, office bldg , etc) (Cou	nty) (State)
1	Σ p./ŋ.	19 at war	k at work	4 2 3 3	12-2	C) Q / A.	
1	21 I certify that	(1) (this haspital) attend	The American	June 22 19	000 to 000	1900	that (I) (we) last
-	saw the demease	et alive on	1900 and that c	leath accurred at Ol	M, fram the ca	uses and an the d	
-	220 SIGNIATURE	X/A Steener		ATTENDING M	ED: STAF	F	226 DATE SIGNED
	22c. PHYSICIAN'S	10000 amen			RECTOR PHYS		1 / 5/ /60
1	141410 00 1	hilip J. Hirshr	nan. M.D.		59 W. Wash gerstown,	ington St.	<i>'</i>
-			23c. NAME OF CEMETERY O				
	23a BURIAL, CREMATION REMOVAL (Specify)	Nov. 1-60	Riverview C		Villian		(State)
An I	Burial 24 FUNERAL DIRECTOR'S	1	//ADDRESS	-		25b. REGISTRAR'S SIGN.	
	(10 Bent 7	The Wi	Venna Carl	DATE NO			
1	- CCCC	- Cy	7.00	DATE	71 4 00	Ciriling & 1	a sulfa

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pours after death. Page 4 may b. Comed by the Bospital or attending plysician

TO FUNEXAL DIRECTUR: After this certificate has been signed by the attending physician and cmmpletely filler. In the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any eyent-within 72 hours after death. VR A1S (4) 1SM 9/S9



11017

	11928	CERTIFICA	TE OF DEATH		TISTA
	PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where decease of STATE MARYLAND	A STATE OF THE PARTY OF THE PAR	ence before admission) ASHINGTOV
	b. CITY OR TOWN (If outside corporate limits, write RURAL AND DIVINE OF THE R	17 YRS.	C. CITY OR TOWN (If outside corp HAGERSTOWN	orate limits, write RURAL and	d give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS 1120 SALHM AV	Ъ.	B. IS RESIDENCE ON A FARM? YES NO X
1	NAME OF First DECEASED (Type or print) SIGMUND	ISADORE	MANDELL 4. DATE OF DEATH	OOLODER	Day Year 6 1960
	6. COLOR OR RACE 7. MAR MALE WHITE WIDOW	/ED DIVORCED	8. DATE OF BIRTH 3/11/1906	last birthday) Manths	Pays Hours Min
1	0a. USUAL OCCUPATION (Give kind of work dane lob during most of working life, even if retired)	BAKERY	AUSTRIA	country) 12.C	II.S.A.
	3. FATHER'S NAME SAMUEL MANDELL		ODESSA GADE	ri e	ACEDSTOVN
1	5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no or unknown) (If yes, give wor or doles of service) W. W. #2	. SOCIAL SECURITY NO 17 IN) 699- 12-663	iformant 6 MRS. LILLIAN	Address II	MD.
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO DUE TO (b) DUE TO	lateriosclerot	i (commany) Steam	2 Tarisence	6 years -
	PART II OTHER SIGNIFICANT CONDITIONS 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U [IF EITHER, NOTIFY MEDICAL EXAMINER]	The dried		SE CONDIT ON GIVEN IN PA	ART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
- 1	1	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Pa	ort (I of item 18.)	
	Hour a.m. While	r-	ACE OF INJURY (Home, form, 20f (Ci ctory, street, office bldg., etc.)	ty or town)	(County) (State)
	21. I certify that (I) (this haspital) attensaw the deceased alive on. 9- 22a. SIGNATURE	23 1960, and that o	9-6. 1960, to leath occurred of 39M, from	the couses and on t	
	22a BlaVel Clabile	rnbaker, M.D.	22d. ADDRESS 154 Wes	t Washington	
	230 BURIAL, CREMATION, 236 DATE THEREOF REMOVA (Specify) 10/8/60	230 NAME OF CEMETERY O	ti .	ATION (City, town, or county AGERSTOWN	MD.
	24 FUNERAL DIRECTOR'S SIGNATURE	adore lour	250. REC'D BY REGI		SIGNATURE 1 S. Krana

may be reference that the Maspital or ottending physician

D FUNERAL PORECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I can stote Board at Health prior to burial, cremation, or removal, and in any event, within 72 bours ofter death. TO FUNERAL

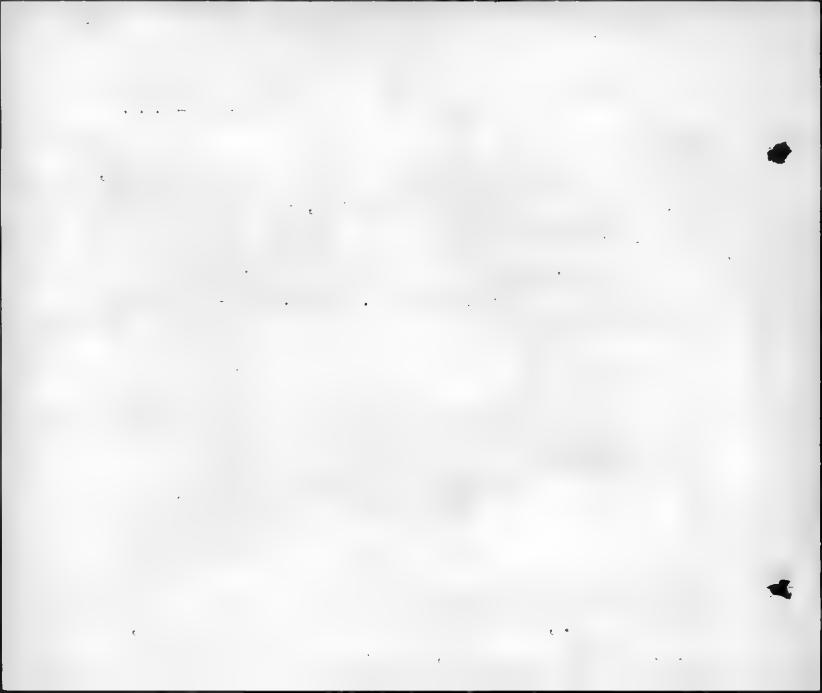
DR ATTENBING FINYSICIAM: The law requires that the death certificate by executed within 211

Tafter death. Page 4

ond 2 should be filed with

TO HOSPITAL VR A15 (4) 15M II/59





PLACE OF DEATH O. COUNTY Washington

b CITY OR TOWN (If autside corporate limits, write

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH**

MARYLAND

c LENGTH OF STAY IN 16

11919

b. COUNTY Washington

2. USUAL RESIDENCE (Where deceased lived. (f institution: Residence before admission) a. STATE b. COUNTY 187

CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

Maryland

director, funeral Т filled campletely ond physicion ALE TITEMBINE MHYTICIAN: The low requires that the Teath certificate had by the haspital or attending physicion.

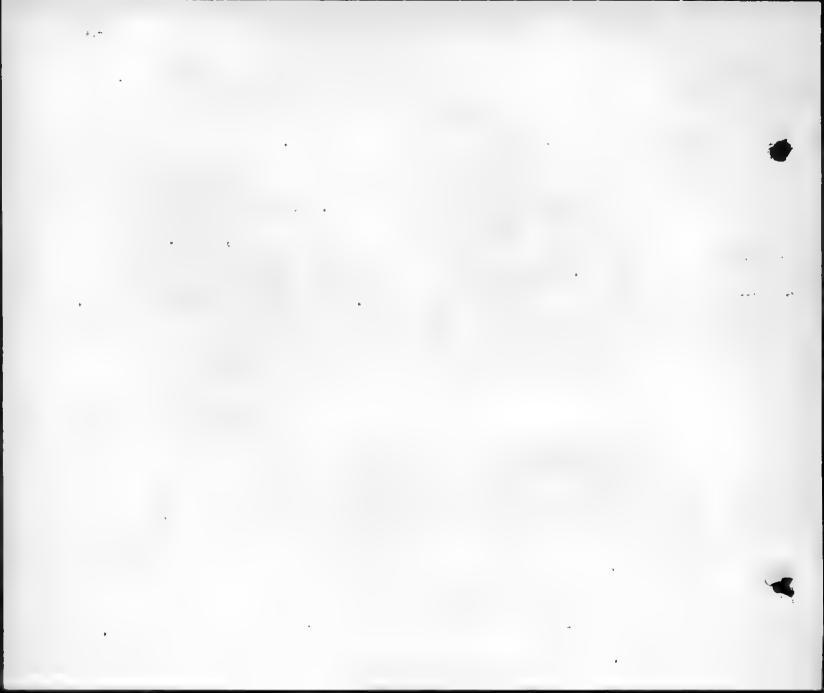
DIRECTOR: After this certificate has been signed by the attending physicion

after death. Page

TO FUNERAL

VR ATS (1SM 9/S

	RURALiand give 8.861	estown		Life		H	lage	rsto	wn				
	OR INSTITUTION			dress)		d. STREET ADDRE					1		FARM?
	Garlocks	Nursing	Home			118 N	. C	anno	n			YES 🗌	NO 3
3.	NAME OF DECEASED	Firs		Middl	_	Last	4	OF	Ма		Day	,	Year
	(Type ar print)	Mary		lizabeth		McCann		OF DEATH	Octob			_	1960
S :	SEX	6. COLOR OR RACE	7 MARRIEI	D NEVER MARR	RIED 🔲 E	B. DATE OF BIRTH			 AGE (In years last birthday) 	Months Manths	Days	Haurs	ER 24 HR Min.
1-	emale	White	WIDOWED			Sept. 1,	18		91 yrs.				
10c	during mast af wa	ION (Give kind af wark di rking life, even if retired)	ane 10b. Kl			TRY 11. BIRTHPLACE	(State or	fareign co	untry)	12. CI	ITIZEN OF	WHATC	OUNTR
	House Wi		Ov	m Home	?	Hage			Md.				
13	FATHER'S NAME					14. MOTHER'S MAII							
_		n A. Doar		4			ose	ann	Fridi		<u>r</u>		
	WAS DECEASED EV s, no. or unknown)	ER IN U. S. ARMED FORCE (If yes, give wor or dates of se		CIAL SECURITY N		FORMANT	17 D C		ter	fress	2.5	9	
					Mr	s. Rose V	NOTI	r	agerst	own,	M	1.	
		ATH [Enter only one car	use per line	far (a), (b), and (c)-J	1 -		1	4			RVAL BE	
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Art	rerios	CIR	rotic f	100	rt_	23610	20		171	<u> </u>
	442	DUE TO	,	1	4	r	D.		,				
	Conditions, if		Ar	terio	2017	N-0712 -	- 3	270	12-51			7 7 1	11
	gave rise to cause (a), stating	\ DHETO											
_	lying cause last	_ / (c)											
ATION	PART II. O	THER SIGNIFICANT COND	DITIONS <u>CO</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE	CONDITION GI	VEN IN PA	ART 1(a) 1:	PERFO	RMED?
CERTIFICATION	OR CONTRIBUTIN	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY	OCCURRED	. (Enter nature of inju	ıry in Pa	rt I ar Part	11 af item 18}				
MEDICAL	20c. TIME OF INJU	IRY Manth, Day, Yea	While	Nat while	20e. PLA fac	CE OF INJURY (Hame lary, street, affice bldg	e, farm, g., etc.)	20f. (City	ar tawn)		(County)		(Sta
2	p. m							1	net 12	10	60, th		
	and annual of	- 6 (15 (A), 2 - 1 24 (19	1 - AA I	4 14 4 4 4 4 4			10	A 1			.×⊆≥, m	ar (r) (s	
		at (1) (this hospital)		-des			. 19	_ , ta!					
	sow the decei	at (I) (this hospital		-des		eath accurred &	19 2.57 A		the couses of				b DATE
	sow the decei			-des	d that d	eath accurred &	-4-	A, from	the couses of				b DATE
	sow the decei			-des	d that d	eath accurred &	-4-		the couses or				b DATE
	sow the decei			-des	d that d	ATTENDING PHYS.	-4-	A, from	the couses of				b DATE
	22c. PHYSICAN'S NAME DOO:	on 23b, DATE THEREO	10/ 16	-des	d that d	A.D. ATTENDING PHYS. 22d. ADDRESS 2/4 M.	Po MED	A, from	the couses of	e N	he date		b DATE SIGN
230	sow the dece 220 RICHATURE 22c. PHYSICIAN'S NAME Dool	on 23b, DATE THEREO	fol 146	1960, on	d that d	A.D. ATTENDING PHYS. 22d. ADDRESS 2/4 M.	PO 2	A, from CTOR +- 57 3d. LOCAT	STAFF	er county	tow	72k	b date sign
230	22c. PHYSICAN'S NAME Uppe) BURIAL, CREMATI REMOVAL (Specif BUTIAL FUNERAL DIRECTO	on. 23b, DATE THEREO	10/1/b	FF man 23c NAME OF CEI ROSE F ADDRESS	d that d	A.D. ATTENDING PHYS. 22d. ADDRESS 2/4 M. R CREMATORY Cemetery	DO 2	A, from CTOR +- 57 3d. LOCAT	STAFF PHYS. He 5 ION (City, 16%). REPS tov RAR 25b, REG	er county	to W	N(Srah	b DATE SIGN



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11920

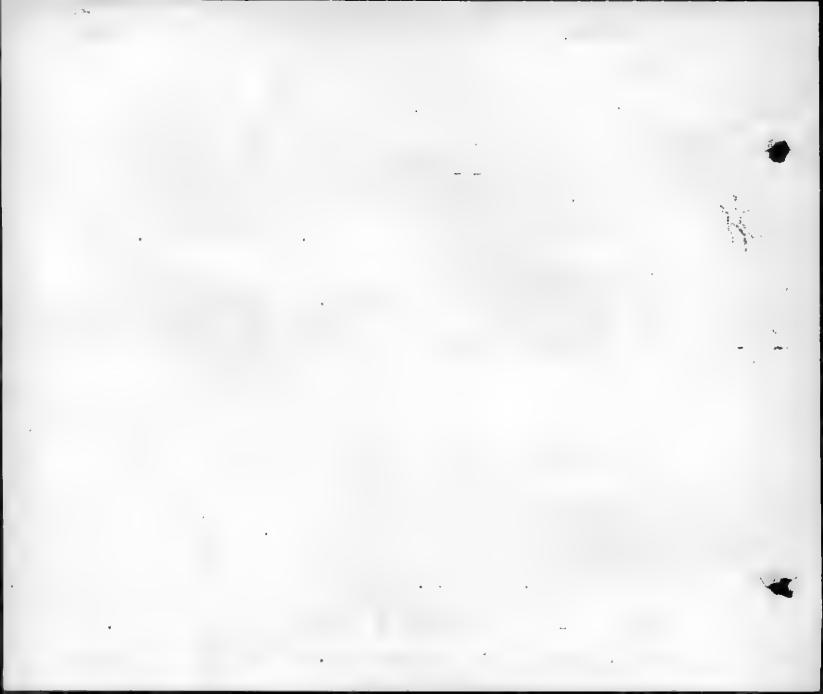
(State)

60 19

	CERTIFICA	ATE OF DEATH	11340
	PLACE OF DEATH O. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased I	ived. If institution: Residence before admission) b. COUNTY Washington
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) 1 month		te limits, write RURAL and give nearest town) [agerstown]
(10	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Martin Manor Nursing Home	d. STREET ADDRESS Route 6	6. IS RESIDENCE ON A FARM? YES NO E
	3. NAME OF First Middle (Type or print) Anna NicCol	mick 4. DATE OF DEATH	October 1 Day Year 60
	Female White WIDOWED DIVORCED		AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost-haday) yrs. Manths Days Haurs Min.
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) HOUSE WIIE OWN Home	Near Clearspi	
	John Sands	14. MOTHER'S MAIDEN NAME Belle	Unknown
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes no. or unknown) (If yes, give wer or doles of service)	mer C. McCormick	Route 6
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Cardition, if ony, which gave rise to immediate cause (a), stating the under: [ying cause last.]	sona q orkeusel	Carte Chil Interval Between onset and Death
4 4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF CONTRIBUTING TO DEATH BUT OF CONTRIBUTING TO COURT OF CONTRIBUTING TO DEATH BUT OF COURT OF CONTRIBUTING TO DEATH BUT OF COURT OF CONTRIBUTING TO DEATH BUT OF COURT OF COUR	IT NOT RELATED TO THE TERMINAL DISEASE ED. (Enter nature of injury in Parl I or Part I	PERFORMED? YES NO
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e I While Not while at wark at wark at wark	PLACE OF INJURY (Hame, farm, 20f. (City a actary, street, affice bldg., etc.)	or town) (County), (State
	21. 1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an 9/29/60 19, and that		
	22c. PHYSICIAN'S HOWARD AND AND AND AND AND AND AND AND AND AN	M.D. ATTENDING MED DIRECTOR 22d. ADDRESS	STAFF SIGNED
	NAME (Type) Howard N. Jeks, M.D. 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 10-3-60 Rest Haves	n Cemetery Hag	ON (City, town, or county) (State) erstown Wd.
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scott F. Minnich & Son Hagersto	own Md. DATE OCT 4	AR 256, REGISTRAR'S SIGNATURE CONCLOS & KLAUE

TO HOSPITALIOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VR A1S (4) 1SM 9/59



11921

11932	CERTIFICA	TE OF DEATH	302				
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who	ere deceased lived If institution is	Residence before admission)			
Washington	MARYLAND	Marylan	d Washingt	on			
b. C TY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	CITY OR TOWN (If as	utside carporote limits, write RURA	L and give nearest town)			
Hagerstown	14 Hrs	Hagers .	own				
d. NAME OF HOSPITAL (If not in haspital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE			
Washington County Ho	spital	27 North	Ave	ON A FARM? YES \(\begin{array}{c} \text{NO } \\ \\ \\ \\ \\ \end{array}			
3 NAME OF First	Middle	Last	4. DATE Month	Doy Yeor			
DECEASED	UY NEIKI	IRK Sr	OF DEATH October	31 1960 19			
5. SEX 6. COLOR OR RACE 7 MAR	41-41-4	B DATE OF BIRTH	9. AGE (In years IF	JNDER I YEAR IF JNDER 24 HRS			
Male White WIDOW		-	last birthdoy) Mo	anths Doys Hours Min			
Toa. USUAL OCCUPATION (Give kind of work dane 10b.		December 1	TOUR U	12. CITIZEN OF WHAT COUNTRY			
during most of working life, even if retired)			,,	USA			
anager Nic Natl Branc	h Bank		n Wash Co Md.	000			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N					
John C. Neikirk			Bowers				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. {Yes, no, or unknown} (If yes, give war or datat of service)	SOCIAL SECURITY NO. 17. IF	NFORMANT	Address				
No 215	<u>-18-2789 Mi</u>	s Ima H. Ne	ikirk 27 Nort	th Ave			
18. CAUSE OF DEATH [Enter only one cause per li	ine for (0), (b), and (c).]	Hager	stown Md.	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	1020 moze	throm hosis		10 201120			
430 DUE TO	1		1 1				
Conditions, if any, which) (b)	Azteria	schenke.	hunt dus	64 9 00 7.1			
gove rise to immediate							
lying couse lost.							
PARE IF. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19 WAS AUTOPSY			
Part II. OTHER SIGNIFICANT CONDITIONS	/	1 Last	30,600	PERFORMED? YES NO 12			
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	Part I or Port I) of item 18.)	The state of the s			
200. ACCIDENT WAS UNDERLYING (20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port I) of item 18.) OR CONTRIBUTING (NOTIFY MEDICAL EXAMINER)							
	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	, 20f. (City or town)	(County) (State			
A Hour a.m White	6-	ctory, street, office bldg., etc		(Conuty) (Stole			
1. I certify that (I) (this hospital) attended the deceased fram. 30 GCL, 1960, ta 3164, 1960, that (I) (we) lost							
saw the deceased alive on 3000 196, and that death occurred at 76 M, from the causes and on the date stated above							
22o SIGNATURE 22b DATE							
Colon Detrockenting M.D. ATTENDING MED. STAFF PHYS							
22c. PHYSICIAN'S NAME (Type)	/ 1 1	22d ADDRESS		1 / 1			
Elen D.	10ach /62/12	1	09425 FUL	2 39			
23a BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City, town, or ec	ounty) (Stote)			
REMOVAL (Specify)				707			
REMOVAL (Specify)	ROSE TILL	Cemetery	Hagers town	Wash Go Md Kr's SIGNATURE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the death certificate bill executed within 24 hours after death. Page 4 may be the bespital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event within 72 haurs after death

VR A15 (4) 15M 9/59

s after death. Page 4



ond 2 should be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be the bound by the hospital or attending physician.

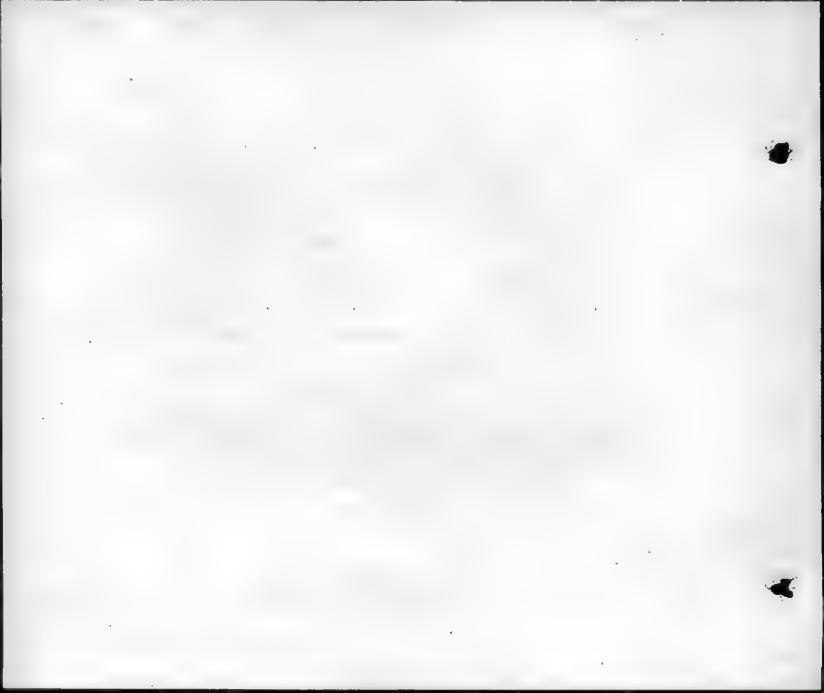
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to buriol, cremation, or remayal, and in may feature thin 72 hours after death.

VR A15 (4) 1SM 9/S9

after deoth. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH**

L.							
f	n, PLACE OF DEATH o. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY					
	Washington	Maryland Washington					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Hagerstown 10 Days	Hagerstown					
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE					
L Mariana		57 W. Washington St YES NO Ex					
	Washington County Hospital	57 W. Washington St YES No 10x					
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year					
ı	(Type or print) JOHN Y NETHERTO	N DEATH October 22 1960					
h		B. DATE OF RIGHTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.					
Т		lost birthdoy) Months Doys Hours Min.					
Į.		October 5, 1887 73 m					
ľ	Do USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) Jefferson Co 12. CITIZEN OF WHAT COUNTRY?					
1	Carreer Army Man Retired	Louisville Ky USA					
h	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
ł	A LUTTER A LICITIE						
	George Netherton	Sally (Unknown)					
١ſ		NFORMANT Address					
4	The state of the s	rs. Larve K. Netherton 57 W. Washingto					
ŀ							
ı	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	Hagers town ad Interval Between					
Ì	PART I. DEATH WAS CAUSED BY:	only college Mi					
ł	DUE TO (
ı	~ .; U D D W	- hvr.					
П	Conditions, if ony, which gove rise to immediate						
1	couse (o), stating the under-						
1	lying couse lost. (c) (C)	Maritis,					
1	PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY					
П	PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMEDAY YES NO PY					
J	The second was the second seco	D. (Enter nature of injury in Part I or Part II of item 18)					
1	© 200. ACCIDENT WAS INDERLYING ☐ 200. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH OF THE PROPERTY OF THE PR	D. (Enter noture or injury in Port ! or Port II or Hem to)					
- 1							
ı	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. 19 White Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
ı	Hour a.m. While Not while	ctory, street, office bldg., etc.)					
I							
	21 I certify that (1) (this haspital) attended the deceased from.	May', 1960, to OCA 22 19 (withat (1) (we) last					
	saw the deceased alive an O Ch 2 19 S and that d	death accurred atM, from the causes and an the date stated above.					
1	220 SIGNATURE	22b DATE					
ATTENDING MED STAFF							
ı		M.D. PHYS. DIRECTOR PHYS 7					
	NAME (Type) / GW S G. COURT A	22d. ADDRESS					
1		LA WILLIAM II					
F	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	PERPENATORY 234 LOCATION (City fown or county) (City fown or county)					
	REMOVAL (Specify)	asn bo.					
	Burial 10/25/60 St. Pauls C	emetery Near Clear Spring Md					
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE					
	Andrew K Coffman Hawarstown &	DATE DATE OF 18 Only & thous					



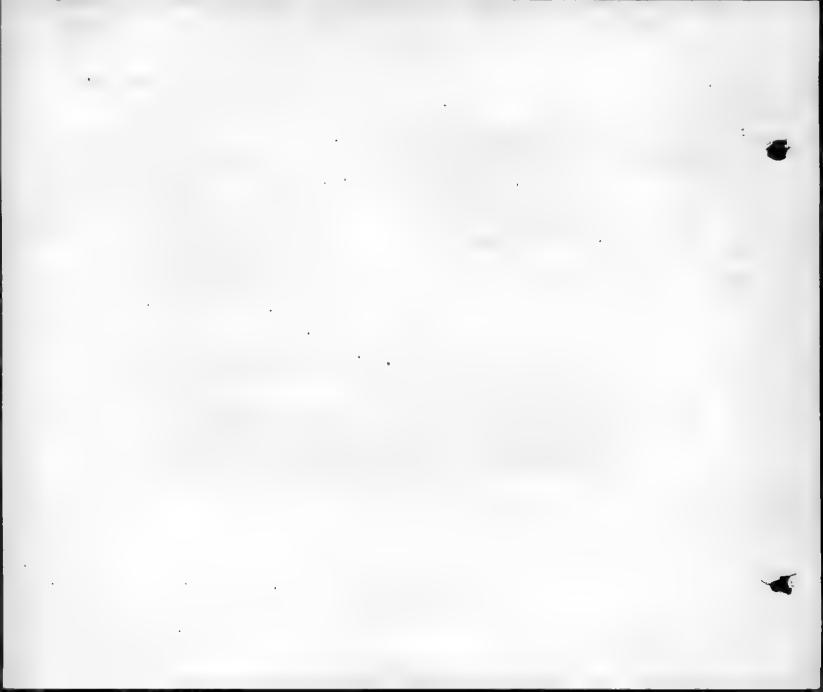
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e low re	physicion.	as been si	al-transit	office or
the law re	g physician.	has been si	urial-transit	motion or
: the law re	ing physicion.	te has been si	burial-transit	remotion or
IN: the law re-	ding physician.	cate has been si	e burial-transit	cremotion or
AN: the law re-	ending physician.	ficate has been si	the burial-transit	of cremotion or
ICIAN: the law re	ottending physician.	Itificate has been si	as the burial-transit	riol cremotion or
SICIAN: the law re-	r ottending physician.	cmtificate has been si	s as the burial-transit	buriol cremotion or
HISICIAN: The law re	ar offending physician.	s contificate has been so	use as the burial-transit	a buriol cremotion or
THISICIAN: the law re	al ar ottending physician.	this contificate has been so	r use as the burial-transit	to buriol cremotion or
C PHISICIAN: The law re	oftal ar ottending physician.	ir this contificate has been si	for use as the burial-transit	for to buriol cremotion or
NG PHISICIAN: The law re	aspital ar ottending physician.	fer this contificate has been so	d for use as the burial-transit	ariar to buriol cremotion or
DING PHISICIAN: The law re-	haspital ar ottending physician.	After this contificate has been so	hed far use as the burial-transit	h prior to buriol premotion or
NOING PHISICIAN: The law re-	e haspital ar ottending physician.	2: After this contificate has been so	sched far use as the burial-transit	of the perior to buriol, cremotion or
IENDING PHISICIAN: The law re-	the hasp tall ar ottending physician.	OR: After this amtificate has been so	stached for use as the burial-transit	and the print to buriol premotion or
LIENDING PHISICIAN: The law re-	by the haspital ar ottending physician.	TOR: After this contificate has been so	detached for use as the burial-transit	Health prior to buriol, cremotion or
ALIENDING PHISICIAN: The law re-	by the haspital ar ottending physician.	ECTOR: After this contificate has been so	e detached for use as the burial-transit	of Health prior to buriol premotion or
OK ALLENDING PHISICIAN: The low re-	ed by the hasp-tal ar ottending physician.	RECTOR: After this contificate has been so	be detached far use as the burial-transit	4 of Health prior to buriol, cremotion or
OR ALLENDING PHISICIAN: The low re-	hed by the haspital ar ottending physician.	EIRECTOR: After this contificate has been so	ild be detached for use as the burial-transit	and of Health prior to buriol premotion or
OF ALIENDING PHISICIAN: The low re-	hed by the haspital ar ottending physician.	INTECTOR: After this contificate has been so	ould be detached for use as the burial-transit	board of Health prior to buriol, cremotion or
OF ALIENDING PHISICIAN: The low re-	the haspital ar offending physician.	AAK MIRECTOR: After this contificate has been so	should be detached for use as the burial-transit	Roard of Health prior to buriol premotion or
FILE OR ALLENDING PHISICIAN: The law re-	e hed by the hasp-tal ar ottending physician.	ERAN MIRECTOR: After this contificate has been so	3 should be detached far use as the burial-transit	ate Roard of Health prior to burial premotion or
DATE OF ALLENDING PHISICIAN: The law re-	be warmed by the haspital ar ottending physician.	NERAL LIRECTOR: After this contificate has been so	e 3 should be detached for use as the burial-transit	State Roard of Health prior to buriol, cremotion or
HOSPI OF ALLENDING THISICIAN: the low requires that the death certificate be executed within 24 hours other death	noy be wanted by the haspital ar ottending physician.	FUNERAX EIRECTOR: After this certificate has been signed by the attending physician and campletely filled Toy the funeral of	page 3 should be detached far use as the burial-transit permit. Then please removeragiban papers Pages 1 and 2 shauld be fi	he Crote Board of Health prior to buriol premotion or removal and in one south within 72 hours often death. The China

VR ATS (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH		har a whalesan institute in the configuration	2 USUAL RESIDENCE (V		If institution: Resider	nce before admission)			
WASHI	NGTON	MARYLAND	MARY			HIN GTOW			
b. CITY OR TOWN (If our RURAL and give neares	side corporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (I	f outside corporate lim	its, write RURAL and	give nearest town)			
HAGERS		10 DAYS	X NEAR	FUNKSTON	UN RUIZ	14 (
	f not in haspitat, give street	address)	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?			
	h co. Hosp	PITAL	HAGERS	STOWN A	(D. 12.3	YES NO			
3. NAME OF DECEASED	First	Middle	last	4. DATE OF	Manth	Day Year			
(Type or print)	MARTHA	ANN A	(CHELS	DEATH OCT	OBET. S	27. 1960			
5 SEX 6.	COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B DATE OF BIRTH	9 AGI	(In years IF UNDER birthdoy) Months	TYEAR IF UNDER 24 HRS			
MALE	WHITE WIDOW	ED DIVORCED	DECEMBER.	15-1900 5	3 yrs. 10	Days Hours Min.			
10g. JSUAL OCCUPATION (ive kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sta	ite or foreign country)	12. CIT	IZEN OF WHAT COUNTRY?			
HALLS MALLE	ire, even ir renired)	KINI HANIE	1 11 12 A	U VA.	1	LIS.A.			
13. FATHER'S NAME	161	data Tionita	14. MOTHER'S MAIDEN	NAME					
- DOEDG	D Sau	2 (T- 60 A	la n	In France				
15 WAS DECEASED EVER IN	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.1	NFORMANT	VI. H /	Address				
(Yes, no, or unknown) (If yes	, give war or dates of service)	NONE K	WINDHE	ELS HAG	-E-ESTOW	N MP.R.B.			
	Enter only one couse per li	ne for (a), (b), and (c).]		-		INTERVAL BETWEEN			
PART I. DEATH V	VAS CAUSED BY AEDIATE CAUSE (a)	NTESTINAL	CHSTRUCT	TIDIN		ONSET AND DEATH			
152	DUE TO		CDUTTOUT			1			
Conditions, if any,	Sur Go	nannutzed	AbdomiNAL	(APC INA	MATOSIS	6 mas			
gove rise to imme	diote (DERALIZES	-	- (20)(7/1/0/	11/1/00/0	0.7700,			
lying cause lost.	under-	RCINOMA of	MON						
	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE CON	DITION G VEN IN PAI	RT 1(o) 19 WAS AUTOPSY			
PART II. OTHER S						PERFORMED?			
20a. ACCIDENT WAS U	NDERLYING 206. DES	CRIBE HOW INJURY OCCURRE	ED (Enter noture of injury i	in Port I or Port II of 1	tem 1B.)				
	CAUSE OF DEATH								
20c TIME OF INJURY A		-1	ACE OF INJURY (Home, for actory, street, affice bldg., i	arm. 20f (City or tow	rn} (County) (State)			
p, m,	19 While of wor	INDI WITHE	,	,					
21. I certify that (I	(this haspital) attend	ded the deceased fram.	Aug 26, 1	1960, to Oc	T 27 196	O, that (I) (we) last			
saw the deceased	alive an Oct 2	219.60, and that	death accurred at Z	M, from the c	auses and an th	e date stated abave.			
220 SIGNATURE	220 SIGNATURE () 22b DATE								
AC YO	fra a. 116	ban	M.D PHYS	MED STA	'S	OCT 29, 7960			
22c. PHYSICIAN'S T	WIN A M.	nal	22d ADDRESS	1/201121	CEON 57	- 11/1			
00	איותי און אין	KAN	12/3 W.	WASHING	310N 51	1710			
23a BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c NAME OF CEMETERY	R CREMATORY	23d. LOCATION (City, tawn, ar county)	(Stote)			
DUKIAL	001.30.1960	KEST HAVE	V CEMETERY	HAGER	STOWN	ALD.			
24. FUNERAL DIRECTOR'S SH	SNATURE)	ADDRESS	Min	C'D BY REGISTRAR	256 REGISTRAR'S SI				
, Jalin U	, Lills 0	ODDAISBORD	/ VI DATE	NOA 3 , eo	Chilma .	J. Thank			



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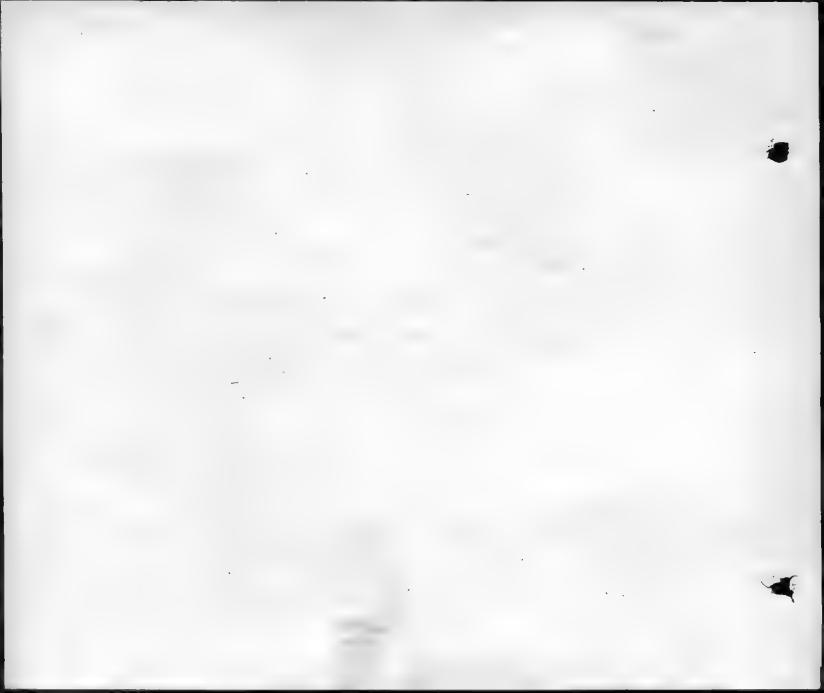
11339			CERTIF	ICAT	E OF DEATH	1		11	T & C	
PLACE OF DEATH	ASHINGTON		MARY	LAND	2. USUAL RESIDENCE (W. o. STATE MARX	/here deceased YLAND	l lived. If institution b. COUNTY		e before odr HINGT	
b city or town	(If outside corporate limit	s, write c.	1ENGTH OF STAY		C. CITY OR TOWN (IF RURAL HI	autside corpoi AGERST	OWN R	URAL and g	ive nearest to	own)
d. NAME OF HOSP WALSTITUTON	ITAL (If not in hospital, gi TON COUNTY	HOSF	TTAL		RT.#2 H	AGERSI	TOWN		10	RESIDENCE NA FARM?
NAME OF DECEASED (Type or print)	JAMES Fire	ł	Middle WILL	IS	NORMAN	4. DATE OF DEATH	OCTO	BER	Day 5	Yeor 19 6
MALE	WHITE	WIDOWED	_		6/8/1876		9. AGE (In years last birthdoy) 8 4yrs	-	YEAR IF UN Doys Hou	
RETTRED	PHOE COLLEGE	ER S	HOE MFG		RY 11. BIRTHPLACE (SIGN VIRG		ountry)		S.A.	
JOSEP	H B. NORMA	IN			MARY E	SCO1	T	an #⊜		
S. WAS DECEASED EV	ER IN U. S. ARMED FOR		CIAL SECURITY NO.		MRS. MAT	TIE NO	RMAN Add	HAG	ERST	N NW
Conditions, if gove rise to couse (o), stoling lying cause lost PART II. O' 20a ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIFE	immediate DUE TO	Le C	ersfus mens (ATH BUT N	Temor A. Jolev NOT RELATED TO THE TERA	MINAL DISEAS	E CONDITION GIV	'EN IN PART	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AS AUTOPS
	VAS UNDERLYING DIG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OF	CCURRED.	(Enter noture of injury in	Part I or Por	t II of item 1B.)			
20c. TIME OF INJU Hour a. m. p. m		While of wark	RY OCCURRED Nat while of work	20e. PLAI facil	CE OF INJURY (Home, for ary, street, office bldg., el	m, 20f (City	or town)	(C	ounty)	(Stot
	21 I certify that (I) (this haspital) attended the deceased from 2-26, to 20, to 20, that (I) (we) last saw the deceased alive an 10-46, and that death accurred at M, from the causes and an the date stated abave									
22a. SIGNATURE	1. Sw.	Out to	- June		/	MED DIRECTOR	STAFF PHYS.	o un me	10/	22b DATE SONI 7 COC
22c PHYSICIAN'S NAME (Type	A E W	TI	110	A	22d. ADDRESS	who	w they	/	/	/
BURIAL, CREMATI	10/7/		ROSE	/	CEA.	HA	TION (CITY, TOPIN, AGERSTOV	/N	iD.	State)
4. FUNERAL DIRECTO	R'S SIGNATURE	He	ABDRESS A		Jan DATE	O'D BY REGIST	1	STRAR'S SIG	S. Humu	

OCT 1 0 '60

DEUNERAY DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to be the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed what the State Board of Health prior to burial, cremation, or removol, and in any event, within 72 parts offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The .aw requires that the death certificate be executed within 24 ned by the hospital ar attending physician TO FUNERA тау ре

ars after death. Page 4

VR A15 (4) 15M 9/59



CENTIFICATE OF DEATH

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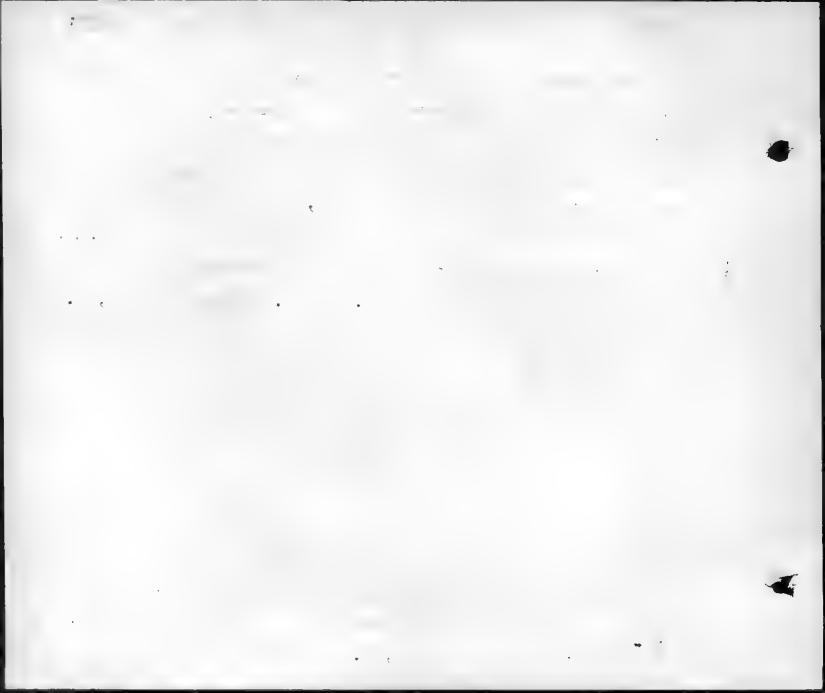
	CERTIFICATE OF DEATH					
	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission	n)				
列 \	d. COUNTY Washington Maryland b. COUNTY Washington	Maryland b. COUNTY Washington				
	b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn)					
	Hagerstown 48 years Hagerstown					
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. IS RESIDI	ARM?				
	Washington County Hospital 935 The Terrace YES	NO IXI				
	NAME OF First Middle Day Code Of Code PAN CBORN OF DEATH October 17 9	60				
	SEX 4. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER) YEAR IF UNDER) YEAR IF UNDER) YEAR IF UNDER) Hours Female Widowed Divorced July 28, 1884 76 yrs Wonths Days Hours The year The	24 HRS Min				
	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 12 CITIZEN OF WHATCOL New York City 12 CITIZEN OF WHATCOL U.S.A.	UNTRY?				
	FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
	Frederick Christian Schumann Emma Von den Neinburg					
/	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address					
	no let unknown) (If yes, give wor or dotes of service) none Mr. Thomas W. Pangborn Hagerstown, Md.					
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Carcinoma of the Panchas ONSET AND DI Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (c)	EATH				
R	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AU PERFORM YES 1 1	MED?				
. "	20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While at wark a	(State)				
	21. I certify that (1) (this hospital) attended the deceased fram 0 Ct. 27 19.5% to 0 Ct. 17, 19.60, that (1) (was saw the deceased plive an 0 Ct. 17. 19.60, and that death accurred at 1267 M, from the causes and an the date stated a					
	220 SGHATURE 225 C					
	22c PHYSICIAN'S NAME (Type) A AGEF man 214 N. Pote moch stown. In					
1	BUR AL, CREMATION, 236 DATE THEREO 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gity, fown, or county) (State)					
	Rurial 10/20/1960 Rose Hill Cemetery Hagerstown Maryle	and				
	Syntral Director's Signature Address 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE					
	P. Frankly Rergen Hagerstown, Md. DATEDCT 24'60 Cul- 8 the					

by the funeral director, TO HOSPITE! DE ATTINDING FRYEIMN: The last requires that the death certificate be essented within 24 th may be referred by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this werificate that been signed by the attending physician and sampletely filled.

within 24 hours ofter death. Page 4

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11937

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1, I	PLACE OF DEATH b. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	
	-	b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 15	A CITY OR TOWN If outside corporate limits, write RURAL and g	
	ľ	RURAL and give nearest town)		CITY OK TOWIN IN ourside corporore limits, write KOKAL ond g	ive nedical lown)
	_	TACERSTOWN	15 MONTHS	LEBOYSHILLE	-C 4501054105
		d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	r oddress)	d. STREET ADDRESS /	e IS RESIDENCE ON A FARM?
		MARTIN MANOR KE	ST HONIE	MAIN ST	YES NO
	3. 1	NAME OF First	Middle	Lost 4. DATE Month	Day Yeor
	((Type or print) CORA	LOUISE: 1/	FFANBLIRGER DEATH OFF BER-	7 1960
	5 \$	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED		YEAR IF UNDER 24 HRS Doys Hours Min
	-4	FMALE WHITE WIDOW	VED DIVORCED	JULY-13.1876 84-19 3	Doys Hours Min
,	106	USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	, KÍND OF BUSINESS OR INDU	STRY 11 BRTHPLACE (State or foreign country) 12 CITIZ	EN OF WHAT COUNTRY?
	1	TOUSE WITE E	WN HOME	KEEDUSVILLE WASH, COME	D. ILS.A
	13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		mala savala	E 4	MARY FILTABETH LO	PP
)	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17. 11	NFORMANT Address	
	{*es	s, no ar unknown) (If yes, give war or dates of service)	NAME G	ROVER DORMAN HAGERSTON	IN MD. R.3
		18. CAUSE OF DEATH [Enter only one couse per I	ine for (o), (b), and (c)]	The state of the s	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	Ricado	Barrello Janes	ONSET AND DEATH
		IMMEDIATE CAUSE (o)	LA LACOL SELL	15 romero presenda ca	3-4-00
		Conditions, it only, which)	(1 ³		2 2 2
		gove rise to immediate (b).	Carcin du	a sight tolast	1-2 year
		lying couse lost.	5000	Luckostan -	
	z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH RUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	TOTAL WAS AUTOPSY
	CATION	11000	. 0	THE RESIDENCE OF THE PROPERTY	PERFORMED? YES NO TO
_m/resq			SCRIRE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)	
		206. DESCRIPTION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCKIDE HOW RECOKE	or the second supply and on the second secon	
	MEDICAL	l	fa.	ACE OF INJURY (Home, form, 20F, (City or town) (City, street, office bldg , etc.)	ounty) (Stote)
	MED	Hour o.m., While of wo	1401 WHILE	story, since only , etc.)	
		21. I certify that (I) (this hospital) atten	ded the deceased from	June 1 19 10 00 7 196	2, that (I) (we) lost
		saw the deceased alive on 0 CT 6		leath accurred at JEM, from the causes and on the	
3		220 SIGNATURE	z. 1732_ TONG Mark	leading decorred of the services of the on the	22b DATE
1		Down w. West	D 711	M.D PHYS DIRECTOR PHYS	10/2/63
		22c. PHYSICIAN'S		22d. ADDRESS	1-11000
		NAME Edward W. Ditto	111, M. D.	217 West Washington St.H	agerstown,
	230	BURIAL, CREMATION, 236. DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY 23d ,LOCATION (City, town, or county)	Md (Stote)
	1	PREMOVAL (Specify) PAT 7.19(00	JAIRVIEW (EMETERY DEEDWAVILLE WA	SHICO MID
	24,	FUNERAL/DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIG	NATURE
P		John # 10ast F	DOONSBURO	MD. DATECT 11 '60 arilum 8. to	Gall



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11927

4 7.5	-	L			
Poge director	(M)	1.	PLACE OF DEATH o. COUNTY Washington MANYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY Washi	e before admission) Lngton
roll se			b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b		
death funeral	N. F		RURAL ond give neorest town) Hagerstown 3 yrs.	Hagerstown (3	
fter he i	X	- 1	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
75 6			99 Fark Ave.	99 Park Ave.	YES NO
Pho Ono	*	3.	NAME OF First Middle	Last 4. DATE Month	Day Year
in 24 filled ges 1	to.	L	DECEASED (Type or print) Grace Elizabet		1960
o with pletely rs. Po	ofter d		Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	Oct. 29 1876 84 yrs. Menuns II	YEAR IF UNDER 24 HRS Days Hours Min.
i com	hours	10	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	USTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZ Maryland 17.	EN OF WHAT COUNTRY?
bon a	72		FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Sor Cor	.E		John Jacob Krontz	Susanna Mills	
ifico nysic	1	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	INFORMANT Clearsprin	o cr. Md
that the death certificate by the attending physicio α . Then please remove α	even	{Y	es, no, or unknown) (If yes, give wer or dates of service) None I	rs. Minnie Mills	TR THU.
leof end	ony		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
he d	. <u>c</u>	П	PART I. DEATH WAS CAUSED BY: Arteriosclero	otic Heart Disease.	?
다 하는 바	ě		TAO, O DUE TO	ont and a no laws at a	7.7
4 to 12	val,			Arteriosclerosis	Years.
uire gnek perr	emo		gove rise to immediate couse (a), stating the under-		
red ion is si	5	_	lying couse lost. (c)		
physic os bee iol-tror	ofion,	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE NO DE.	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO
AN: The anding scate he bur	, cre	CERTIFI		RED. (Enter nature of injury in Part 1 or Part II of item 1B)	
HYSICI III offers certificate os la se os la	buria buria	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m. While Not while	PLACE OF INJURY (Home, form, 20f. (City or town) (Co foctory, street, office bldg , etc.)	ounty) (State)
Italian in the state of the sta	₽ ₩	Z		0	20
IN Insp	pri		21 I certify that (I) (this hospital) attended the deceased from	Sept. 19, 19 60 to UCT. 5, 19 6	29that (I) (we) last
R: A	를		saw the deceased alive an UCT. 2 1000 and that	death accurred at M, from the causes and an the	date stated abave.
d by tecto	₹ ₩		220. SIGNATURE	M.D. ATTENDING MED DIRECTOR PHYS. 10-7	ZZb DAIE
PI DIR	Boord		PHYSICIAN'S R.A.Bell, M.D.	22d. ADDRESS Hagerstown, Maryl	and.
ERA 3 sh	<u>a</u>	22			·
moy be o FUNER	the St	E	urial Oct. 8 1960 Blairs Val		RFD #1
F F		24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS!	250 REC'D BY REGISTRAR 256 REGISTRAR'S AIG	
VR A1S (4)			Tiller 11 1161 - White		

TO FUNER VR A1S (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 11928 CERTIFICATE OF DEATH OSPILA PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 RURAL and give nearest town) Hagerstown e. IS RESIDENCE d NAME OF HOSPITAL (If not in hospital, gife street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Last Month Day Year DECEASED DEATH (Type or print) actobize 5 death John Damuel 19600 IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B DATE OF BIRTH 9 AGE (In years last birthday) Months DIVORCED | WIDOWED [7] 12. CITIZEN OF WIRAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11_BIRTHPLACE (State or foreign country) during most of working life_even if retired) 2 3. FATHER'S NAME 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 18. CAUSE Of DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) sis to some Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. Ь PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY crematian, PERSORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (State) Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a.m. While Not while ot work at work p. m. 21. 1 certify that (1) (this haspital) attended the deceased fram. BO that (1) (we) last Health be, and that death occurred at sow the deceased alive an QC M, from the causes and an the date stated above 22o SIGNATURE 22b DATE S GNED ATTENDING PHYS DIRECTOR . M.D. PHYS. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. Young E. Chun Western md. state Hapital 230 BUR.AL CREMATION 236 DATE THEREOF NAME OF CEMETERY, OR CREMATORY BOCATION (City, town, or county) 23ε (State) page the Sk REMOVAE (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE circles S. France DATECT

MARYLAND STATE DEPARTMENT OF HEALTH

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VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11981

		LACE OF DEATH	14 ABWI AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence b. COUNTY	efore admission)				
2/2		WASHINGTON	MARYLAND	MARYLAND WASHINGTO					
121	Ь	city or Town (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)				
100		NITILENA	LIFE	MI. LENA					
1, C	(d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
j		BOONSBORD MO. K	12_	DOONSBOKO NID: KIZ-	YES NO X				
4	3. P	NAME OF First	Middle	OF	Day Year				
30	(Type or print) RA T	DWIGHT	TEESE DEATH OCTOBER 20					
	S S	EX 6 COLOR OR RACE 7. MARR	RIED NEVER MARRIED	DATE OF BIRTH 9. AGE (in years IF UNDER 1 YE last birthday) Manths Day	AR IF UNDER 24 HRS				
		MALE WHITE WIDOW	ED'X DIVORCED	7.3 yrs. Wolfins Day	S Hours Min				
	10a.	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	RY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN	OF WHAT COUNTRY?				
	R	ETIRED EMPLOYEE WASH.	CAROAD DEI	TI MT LENA WASH CO. MO. U	ISA.				
		FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
/		SAUL REES	ra.	ELIZA FAULDER					
		WAS DECEASED EVER IN U S ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	ORMANT Address					
	(144	no, or unknown) (If yes, give war or dates of service;	17-10-3115 NI	S. BLANCHE EASTERDAY BOCASE	MRD MD-RIZ				
		1B. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c)]		NTERVAL BETWEEN				
		PART I, DEATH WAS CAUSED BY:	ute coror	any thrombosis	hous				
		DUE TO							
		Conditions, if ony, which	04011 2 PJ	arteroclerois - 10 years -					
		gave rise to immediate	and or you		1				
		lying cause lost.							
	z	, 10	CONTRIBUTING TO DEATH BUT	TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)	1 19 WAS ALTOPSY				
	CATION			,	PERFORMED?				
		20a ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	(Enter nature of injury in Part I or Part II of item 18.)					
		200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL		t	E OF INJURY (Home, farm, 20f. (City ar tawn) (Country, street, office bldg., etc.)	(State)				
	WED	Haur om, While pm, 19 at war	k at work	1					
		21. I certify that (I) (this haspital) attend	ded the deceased fram	4-2- 1959 to 10-10- 1960	that (I) (we) last				
		saw the deceased alive an 10-1	0 - 19 60, and that d	ath accurred at 8.PM, from the causes and an the do	ate stated above.				
a		220 S GNATURE			22b DATE SIGNED				
L		. + Jecoman			1/60				
		22c PHYSICIAN'S NAME (Type)		22d ADDRESS 21 North Main Stree	t				
		Joseph Secon	dari, M. D.	Boonsboro, Maryland					
	23a	BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	CREMATORY 23d LOCATION (City, fown, or county)	(Stote)				
()	1-	PREMOVAL (Specify) (CT: 23.196)	MT. LENA C	EMETERY MILLENA WASHICO	MD				
1	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	256. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNA	TURE				
		Jahre Y b. Jesul I	JOGNS BIRD	MID DATE OCT 25'60 Orthon & Ka	and .				



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be remoted by the hospital or ottending physicion.

O FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physicion and completely filled way the funeral director, page 3 should be detached for use as the buriol-transit permit. Then allease remote carbon papers. Pages 1 and 2 about be filed with the State Board of Health prior to buriol, cremation, or removal, and in present within 72 hours after death.

TO HOSPITAMON DE TO FUNERAL

VR A15 (4) 1SM 9/5

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

302

1	1. PLACE OF DEATH o, COUNTY		2. USUAL RESIDENCE (Whe	ere deceased lived. If institution: Resider	nce before admission)						
)	Washington	MARYLAND	Maryland	b. COUNTY Washing t	on						
- 1		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	itside corporate limits, write RURAL and							
	Hagerstown	D.O.A	X FairPlav								
7	d. NAME OF HOSPITAL (If not in hospital, give street or	ddress)	d. STREET ADDRESS		e. IS RESIDENCE						
7	Washington County Hosp	ital	Main Stre	et	ON A FARM? YES NO W						
•	3. NAME OF First	Middle	/ lost	4. DATE Month	Day Yeor						
	DECEASED		CHARD	OF DEATH October 2							
	U I I I A I I I I I I I I I I I I I I I		B. DATE OF BIRTH		R I YEAR IF UNDER 24 HRS						
	,			lost birthdoy) Months	Doys Hours Min.						
	Fenale White WIDOWEL		July 21, 18	69 91 yrs.							
	10a USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)				IZEN OF WHAT COUNTRY?						
	Housewife Ow	n Horse	Hagerstow	n Wash Co Md	USA						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME							
	Joseph Reichard		Anna E.	Enmert							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S	OCIAL SECURITY NO. 17 IN	IFORMANT	Address							
1	(If yes, give war or dates of service)	Ione Mi	ss. Ruth Re	ichard, Fairpla	y Wash Co M						
1	18. CAUSE OF DEATH [Enter only one couse per line		BB1 TOUGH TO	Tonard, Taripia	INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY	10. Joj, (b), ond (c)-1	- of 1	24 63.12.0	ONSET AND DEATH						
	IMMEDIATE CAUSE (a) TICUTE COUCESTION REDUIT TO THE										
	DUE TO		D _ 1	121/3							
	Conditions, if ony, which) (b)	reneral (Oceophis	101/UN7							
	gove rise to immediate Couse (a), stating the under-	16	K	1							
	lying couse losi (c)	heosel	Che Co								
	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PAI	RT 1(0) 19. WAS AUTOPSY PERFORMED?						
	PART II. OTHER SIGNIFICANT CONDITIONS CO	Q e 01	3000		YES NO						
	20g ACCIDENT WAS UNDERLYING TO 20b DESCI	RIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	ort I or Part II of item 18.)							
		-									
	3 20c. TIME OF INJURY Month, Day, Year 20d. IN.		ACE OF INJURY (Home, farm,		(County) (Stote)						
	20c TIME OF INJURY Month, Day, Year 20d IN. Hour o m. White p. m. 19 of work	(AO) ADDE	ctory, street, office bldg <u>, etc.</u>								
		d the deserved from	1/1100 10	50 - OFT 78-10/	Date of Street Land						
	21 I certify that (I) (this hospital) attended		// / 120		that (1) (we) lost						
	sow the deceased alive on College	7 19.00% and that d	legih occurred of 17	M, fram the couses and an th	e date stoted obove						
	120000000000000000000000000000000000000	 	M.D. ATTENDING ME	D STAFF 10	_ 7 2 - GO GNED						
	1 Sando			ECTOR PHYS 10	- 20 00						
ì	22c. PHYSICIAN'S NAME (Type)	111-4-	22d ADDRESS	DI	. Ware						
	M - () 4	KIL	000	1010 lie	140						
*	230. BURIAL, CREMATION, 23b, DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, or county)	(Stote)						
1	Burial 10/25/60	Manor Cemet		Hagerstown Wash	Co Md						
Y	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a REC'E	BY REGISTRAR 256 REGISTRAR'S SI							
1	Andrew K. Coffman, Ha	wantama 1	DATE OF	T 2 6 '60 Circles 2	2 15						
	Tringle May Outlight us	gerstown. N	DATE U	TE DO QUE CARLANT 2	, / VIANUA						



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11932

1.			CERTIFIC	AIE OI	DEATH				
(N)	1. PLACE OF DEATH				ESIDENCE (Wh	ere deceased live		Residence before	
	a. COUNTY	ashington	MARYLAN	o. STATE	Md.		b. COUNTY	Washing	tom
	b. CITY OR TOWN RURAL and give	(If outside corporate limits, write		6 CITY C	OR TOWN (If a	utside corporate	limits, write RUR	AL and give near	est town)
4 4	На	gerstown	7 weeks	03	Hage	rstown			
	d. NAME OF HOS	PITAL (If not in hospital, give stre	et address)	d. STREE	T ADDRESS			•	ON A FARM
	Wash. Co.	Hospital		4]	l3 Eliz	abeth Av	re.,		YES NO
	3. NAME OF	First	Middle		Last	4. DATE OF	Manth	Doy	Year
	(Type or print)	James	H	Robiso	<u> </u>	DEATH	10	4	19 60
	5. SEX	9. 2 A	ARRIED NEVER MARRIED			9. A	st birthday)	Manths Days	Hours Mir
	male		WED DIVORCED	Sept. 7			3 yrs		
	during mast of w	TION (Give kind af work done 1) orking life, even if retired)		DUSTRY 11. BIRTI	HPLACE (State	or fareign countr	y) -	12. CITIZEN OF	
	chil	.d	child	24 4407145		town, Mo	l.	USA	
	13. FATHER'S NAME	** *****	0	14. MOTHE	R'S MAIDEN N				
(^{II})		mes H. Robison		NFORMANT	Sair	ley Heil	Addres		_
	(Yes, so, or unknown)	VER IN U. S. ARMED FORCES? 1	no.		- II D	shipem C			Md
				Mr. Jame	28 H. K	OBISON 3	r. nag	erstown,	
		EATH [Enter only one couse per EATH WAS CAUSED BY	tine for (a), (b), and (c)	10	1-4				T AND BEAT
	000	IMMEDIATE CAUSE (o).	was in	ceptral	un-	•			p were
V	000	3. DUE TO		,					
V	Conditions, if	immediale							
	cause (o), statir lying couse las						· [
		THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMI	NAL DISEASE CO	NDITION GIVE	1 IN PART 1(o) 19	WAS AUTOP
26	PART II. C					Y			PERFORMED?
1909	200 ACCIDENT	WAS UNDERLYING 206. D	ESCRIBE HOW INJURY OCCU	RRED. (Enter notur	re of injury in I	Port I or Part II o	f item 18.)	1	
	200 ACCIDENT OR CONTRIBUTING	NG CAUSE OF DEATH FY MEDICAL EXAMINER)							
				PLACE OF INJUR			own)	(County)	(Ste
	Hour a.m	10	ile Not while vork of work	1001017, 311601, 01	ince orog., etc.	1			
	21. I certify t	hat (I) (this haspital) atte	nded the deceased from	m_ &-1	1712	60, ta	10-4	, 1960 , the	it (I) (we) 1
		ased alive an 10-3	3 1960 , and the				causes and		
	22a. SIGNATURE	20101				•			OOL DATE
	Ch	arles Sor. He.	2	M.D. PHYS.	₽ DI	RECTOR P	TAFF HYS	10-5	-60 SIGN
- /	22c. PHYSICIAN*: NAME (Type		- 11	22d AD	DRESS	1	n.	í ·	
- /		Charles A	-, Hess	M, O, S	mith	5 DU20	inc	<u> </u>	
	230 BURIAL, CREMAT	TION, 236 DATE THEREOF	23c. NAME OF CEMETER			23d LOCATION			(State)
	burial	10-6-60	Rose Hill	Cemetery			STOWN		id.
8.	24 FUNERAL DIRECTO		ADDRESS			D BY REGISTRAR OCT 7 '6		RAR'S SIGNATURI	
3	Fred W. Kr	aiss Hagersto	wa. Md.		DATE	9911 0	-	, ar 751' 100	

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LOR ATTENBIND PHYSICIAN: The law Equires that the death certificate be read by the haspital ar attending physician.



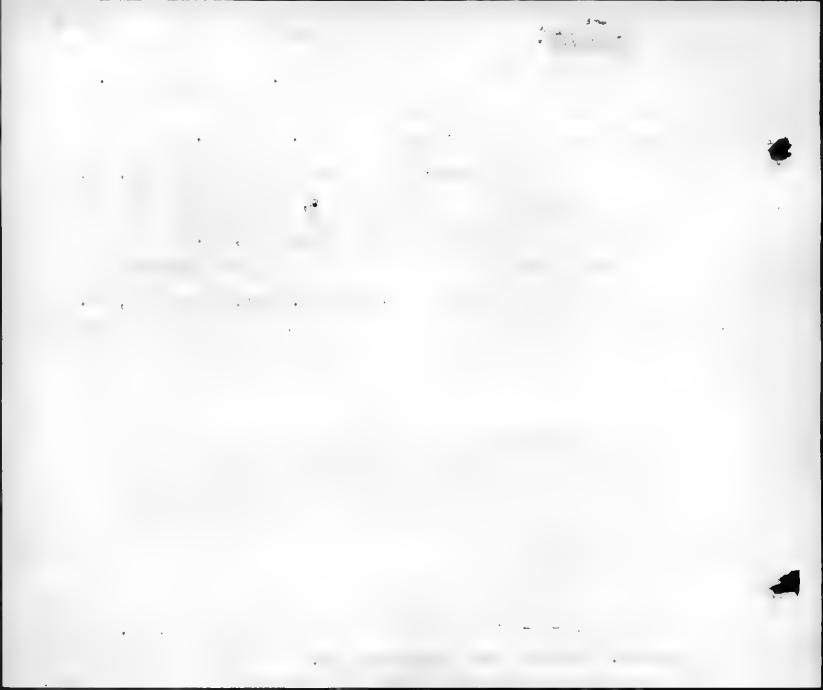
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nd campletely filled the funeral director, on papers. Pages 1 and 2 should be filed with death	
lled ss 1 ond 2	3.
nd campletely filled n papers. Pages 1 o death	S.
nd camp nn pape death	10

TO HOSTIL and Automotive managed by the hospital are attending physician on TO FUNERAL DIRECTOR. After his certificate has been signed by the attending physician on page 3 should be detached for use as the burial-transit permit. Then please remove carbo page 3 should be detached for use as the burial-transit permit. Then please remove carbo

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 from after death TO HOSPIT VS A15 (4) 1SM 9/SB

1144	CERTIFICA	AIE OF DEATH		Reg. Dist. No).
PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md .	re deceased lived. If instit b. COUN		ore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	21 hours	Smithsbu	tside carporote limits, write	e RURAL ond give no	earest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION WAShington County Ho		d. STREET ADDRESS	ater St.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Lilah	Cathryn	Ross	4. DATE # OF DEATH	Oct. 1	y Year 5, 1960
s. sex female 6. COLOR OR RACE 7 MARRIE white widowed		B DATE OF BIRTH June 28, 187	9 AGE (in year last birthdoy 9 y		R IF UNDER 24 HRS Hours Min
10a. USUAL OCCUPATION (Give kind of wark dane) during most of warking life, even if retired) teacher pt	ND OF BUSINESS OR INDU			12. CITIZEN O	F WHAT COUNTRY?
13. FATHER'S NAME Henry Ross		14. MOTHER'S MAIDEN NA	Sarah Ha	ause	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no, or unknown) (If yes, give wor or dates of service)		nformant harles H. Ro	oss, Smiths	ddress sburg, M	d.
18. CAUSE OF DEATH [Enter only one cause per line PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate couse (a), stating the under- lying couse lost. (c)	wengliged	Aptenios	idsot Usposis	V	IERVAL BETWEEN SET AND DEATH WENTER WENTER WORK
PART II. OTHER SIGNIFICANT CONDITIONS CO EN 24 44TC 4842+	7.52ASE MO	c. / . / . / . /	ARCINOHA	GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO X
20c. TIME OF INJURY Month, Doy, Year 20d. INJ Hour o. m. While of work		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City ar town)	(County) (State)
21. I certify that I attended the deceased alive an Details 1969 ACTUAL SIGNATURE R. FRUNDER PHYSICIAN'S F. P. LANDINGS		//	M, from the causes of porcess (Street, city or tow Maran		
burial 10-18-60	22c NAME OF CEMETERY O		Smithshur		(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Son	ADDRESS 1. Smithsbu	rg Md DATE	PY REGISTRAR 246. RE	GISTRAR'S SIGNAR	JRE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CEDTICIC ATE OF DEATH

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=	f
	1. PLACE OF DEA 6. COUNTY WASH
4 1 1	b CATY OR TO

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burial-transit

11	OTT '	CERTIFICA	IL OI DEAL	11				
1. PLACE OF DEATH O. COUNTY WASHIN	VGTON	MARYLAND	2. USUAL RESIDENCE 6. STATE MARYLA	(Where deceased	l Isved. If institution b. COUNTY	on: Residence be	fore admission) HINGTON	
	I (If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NR. CLEAR SPRING, M					
d. NAME OF HOSPITAL (If not in hospitot, give street oddress) OR INSTITUTION WASHINGTON CO. HOSPITAL			d. STREET ADDRESS				ON A FARM?	
3. NAME OF DECEASED (Type or print)	LAWRENCE	Middle ROV	VLAND	4. DATE OF DEATH	Mon OCTOBER	ith 6	Poy Year 1950	
s sex MALE		ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH July 15.		9. AGE (In years lost birthday) 64 yrs	Months Doys	AR IF UNDER 24 H Hours Min	
10o. USUAL OCCUPAT during most of we	TION (Give kind of work done I orking life, even if retired)	Ob. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SE				OF WHAT COUNTR	Y?

P A ROBERT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LEWIS ROWLAND MINERVA SUFFACOOL 15. WAS DECEASED EVER ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO. YES MRS 6-0282 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY 5 MINUTES VENTRICULAR FIBRILLATION IMMEDIATE CAUSE (o) DUE TO CORONARY ARTERY OCCUSION WITH MYOCARDIAL INFARCTION Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost CORONARY ARTERY ATHEROSCLEROSIS UNKNOWN FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? THE RIGHT LOWER LOBE OF YES X NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) CERT OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d INJURY OCCURRED PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. Not while of work of work p. m. 60 OCTOBER 6 19_60 that (1) (we) last 19 60 to OCTOBER 0, 19 00, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from. OCTOBER 6 saw the deceased alive on and that death accurred at 226 DATE 22o, SIGNATURE 51GNED ATTENDING PHYS STAFF PHYS MED DIRECTOR M.D. 22c, BAYSICIAN'S 22d. ADDRESS NAME (Type) ARCHIE ROBERT COHEN, M.D. CLEAR SPRING, MARYLAND 230 BURIAL, CREMAT ON, 236, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) 1960 **ADDRESS** 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR arthur S. Krous CLEAR SPRING, MD.

TO FUNERA page 3 shithe State VR A15 (4) ISM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11935

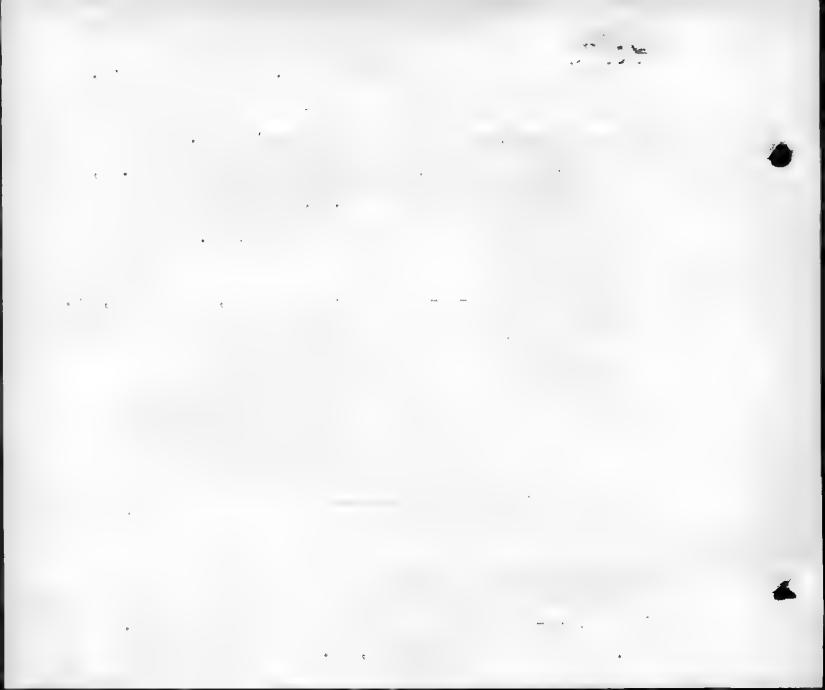
11945 director ofter death. Page PLACE OF DEATH a. COUNTY Washington MARYLAND the funeral a should be fil b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest lawn) vears Hagerstown d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Washington County Hospital NAME OF Middle Albertus Fille George Poges death. (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX after male white WIDOWED IO DIVORCED | popers. compl hours during most of working life, even if retired) cabinet works machinist опо Pan 13 FATHER'S NAME requires that the death certificate be g physicion cerb .⊆ John Rudisill 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ottending | 214-09-2618 no eose 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." ā DEATH WAS CAUSED BY: noma the DUE TO á permit. Canditians, if any, signed gave rise la immediale DUE TO cause (a), stating the under**buriol-tronsit** lying cause last. physicion peen a emation, ottending phy entificate has I emi 200 ACCIDENT WAS UNDERLYING IT certificote OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d INJURY OCCURRED a. m. While Not while

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) g. STATE **b.** COUNTY Md Wash. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Hagerstown d. STREET ADDRESS ON A FARM? 31 Randolph Ave. YES TI NO TI 4. DATE Manth Year Rudisill Oct. DEATH 60 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost birthday) Manths Days Haurs Feb. 1882 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Smithsburg, Md. 14. MOTHER'S MAIDEN NAME Catherine Rudisill Address Anita Rudisill, Hagerstown, Md. INTERVAL BETWEEN ONSET AND DEATH 8- me PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? 10 Lan A YES | NO DE 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Pay t or Part II of item 18. 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) Factory, street, affice bldg., etc.) 19 19 of work at work 1255 to 05 _, 1960, that (1) (we) last 21 | certify that (I) (this hospital) attended the deceased fram.__ KM, from the causes and an the date stated above. 19.6.0, and that death accurred 60: saw the deceased alive an 220 SIGNATURE SIGNED MED. DIRECTOR STAFF PHYS M D PHYS. 22c PHYSIC.AN'S 22d. ADDRESS NAME IType 23a BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City fawn, or county) Hagerstown, 10-6-60 Rest Haven Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Hagerstown, Md. Williams S. Hrank F. Minnich & Son

DATE

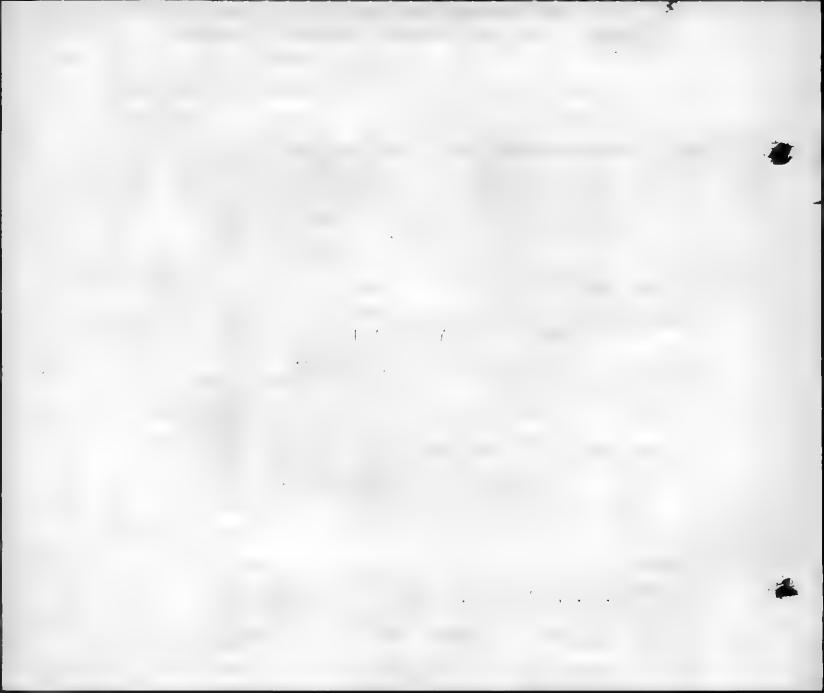
this hospitol a detoched for ned by the I ò be should may be

0 VR A15 (4) 15M 9/59



11936 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11946 cremotion Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY O. STATE **b.** COUNTY TAXABLE PARTY. burial, b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) OA d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Prior YES 📋 NO 🖼 NAME OF Middle 4. DATE Day Month Year DECEASED (Type or print) DEATH 1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED J. DATE OF BIRTH IF UNDER WEAR AGE (In years IF UNDER 24 HRS. lost birthday) Months Hours WIDOWED [7] DIVORCED X a yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? P ~ during most of working life, even if retired) puo borer ō 13 FATHER'S NAME MOX 14. MOTHER'S MAIREN NAME ö Poges 5 pog Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? N. SOCIAL SECURITY NO. 17. INFORMANT Address Iff yes, give war or dates of service) 뱚 tenkinnen PM3. 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN INSTANT PEATH CORONARY OCCULUSION PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** GENERAL ARTERIOSCLEROSIS SEVERAL Conditions, if ony, which gave rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY 0,0 PERFORMED? YES 🗍 NO X 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) PRIMARY OF CONTRIBUTING AUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stole) Intificate, writing the we to the Chief Medical E L DIRECTOR: Poge 3 sho factory, street, office bldg., etc.) Not while 0.00 of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy 17. Inspection V. Inquiry and find that death resulted from: Natural causes 17. Accident Suicide . Hamicide . Undetermined cause . DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DR. E.W DITTO DEPUTY MEDICAL EXAMINER 22g, BURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME(5) arthur S. Henre 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 10/S7

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
11982	CERTIFICATE	OF DEATH	R

CERTIFICATE OF DEATH

11937 Reg. Dist. No.

											•	
1. PLACE OF DEATH o. COUNTY	Jashington		MARYL	AND	2. USUAL RESI	DENCE (WI		d lived If instit 6 COUN		dence before		sion)
b. CITY OR TOWN	If outside corporate limit eorest town)	ls, write	c. LENGTH OF STAY II	N 16	c CITY OR	TOWN (If a	utside corpo	rote limits, write	RURAL O	nd give ne	arest tow	n)
Pen 1			24 Years			Per	ı Mar					
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		d. STREET A	ADDRE\$\$					ON /	SIDENCE A FARM? NO XI
3. NAME OF	Fire	ıt	Middle		Los	it	4. DATE	N	lonih	De)v	Yeor
(Type or print)	Mary	7	Louise	9	Seas	se	DEATH		Oct.	6		1960
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		. DATE OF BIRT	Н		9. AGE {In year				ER 24 HRS
Female	White	WIDOW	ED 🗗 DIVORCED		4/25/	1878		lost birthday 82 y		s Days	Hours	Min
10a. USUAL OCCUPATE	ON (Give kind of work of	done 10b.	KIND OF BUSINESS OR	INDUS			or foreign ci	ountry)	12	CITIZEN C	F WHA	COUNTRY?
House	king`life, even if retired] "Uni fo				Te 31	untail	ndale	Pa.		U.S	.A.	
13. FATHER'S NAME	11-1-0				14. MOTHER'S							
John	Carson				Lo:	retta	Cline					
	ER IN U S. ARMED FOR		SOCIAL SECURITY NO	17. 1N	FORMANT			A	ddress			
(Yes, no. or unknown) No	(if yes, give wor or dates of to			Mr	s. Geni	eve Ba	aker,	Pen Mar	Md.			
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Z PART II. O.	HER SIGNIFICANT CON		CONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO	THE TERM	INIAI DISEAS	E CONDITION (CIVENI INI	PAPT I/o)	19 WAS	AUTOPSV
CATIO						, 11 E 1 E 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1	THE DISEAS	E CONDITION	OIVEN IIV	AKI I(O)	PERF	DRMED?
OR CONTRIBUTING	AS UNDERLYING GAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enler nature a	if injury in	Parl 1 or Par	t II of item 18.)				
ZOc. TIME OF INJUI	RY Month, Doy, Yeo	While	NJURY OCCURRED 2 Not white k of work	20e. PLA foci	CE OF INJURY (ory, street, office	Home, form e bldg., etc	. 20f. (City	or town)		(County)		(State)
21. I certify the	hat I attended the	deceas	ed fram.	15	, 19 (10	, ta/	0-	G 196	that	I last s	aw the	deceased
alive an	0/6	_, 126	${\underline{\mathcal{Q}}}$, and that ${\mathfrak{q}}$	death	accurred at	11.501	_M, fron					
ACTUAL SIGNATURE	18.13.	12	2 moner	1-7 N	i.D	4)	ADDRESS (SI	treet, city ar tow	rn, stotel) c21	1	ATE SIGNED
PHYSICIAN'S NAME (Type)	R.13.	13,	ROWN	Mil	7 1	NA	YN	18-51	300	170	_/	A
220. BURIAL, CREMATIC REMOVAL (Specify	10/10/6		St. And:					lion (City, town			(Sto	
23. FUNERAL DIRECTOR			ADDRESS	Л		24a. REC'	D BY REGIST		GISTRAR'S			-
valte	all !		Waynes	200	ro Va	DATE OF	T 1 0 '6	0 0	Inthun	8 How	u,A	

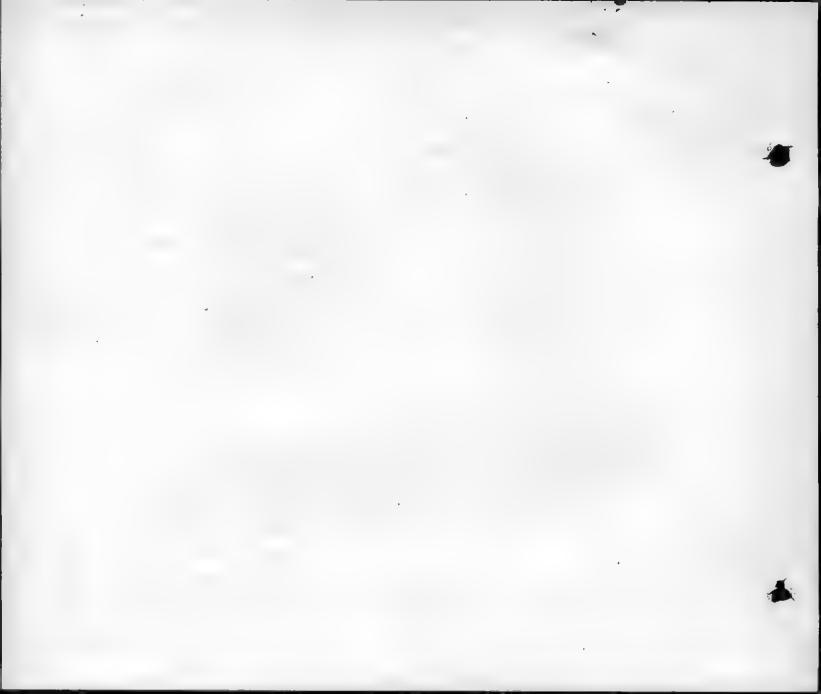


after death.



MARYLAND STATE DEPARTMENT OF HEALTH 11948 OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

* 3.0	,	1	CERTIFICATE OF DEATH
e de la main de la mai	/ m. //	1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Page 1	- 1	1	a. COUNTY D b. COUNTY D b. COUNTY D
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fter hau	A 10%		d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a le is RESIDENCE
24 0	171		OR INSTITUTION
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200		3.	NAME OF First Middle Last 4. DATE Manth Day Year OF
e iie			(Type or print) > 17 2 km th ford) client DEATH 10 22 1960
hir dec		5.	SEX 6 COLOR OR RACE 7. MARRIED TEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HR
e se			WIDOWED DIVORCED DIVORCED Manths Days Haurs Min
npl ers af		30.	
con con		100	USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 4 during most of working life, even if retired)
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be of 72		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Fig. 1		\Box	George Leighty Stiza Minnich
fica ysk wil		10	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SECURITY NO. 12_INFORMANT Address
五 五 五			n. no. or unknown) If yes, give, wor or dates of service)
D G			No No None With E. Long Clearville Va. 190"
eath tea tea any	K)		18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c)]
5 5 5	B /	1	PART I, DEATH WAS CAUSED BY: 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
+ 9 9 A			IMMEDIATE CAUSE (a) C.
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4 も 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一			Canditians, if any, which) (b)
nec me			gave rise to immediate cause (a), stating the under DUE TO
signature re-			lying cause last. (c)
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low bear and the second		18	PERFORMED?
The play has has ricia		Ü	YES NO
ding ding ding the	21	Ē	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH
IAP Fice		U	(IF EITHER, NOTIFY MEDICAL EXAMINER)
Sta Sign		MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f, (City ar town) (Caunty) (State
AY or use or be		E	Haur a. m. While Nat while factory, street, affice bldg., etc.)
to the state of th		≥	p. m. 19 at wark at wark
Spirer of the price of the pric			21. I certify that (1) (this hospital) attended the deceased from 2/1/2
A A HE			saw the deceased alive on 10/21 1969 and that death occurred at 5 3 M, from the causes and on the date stated above
E S S S S S S S S S S S S S S S S S S S			226 DATE 226 DATE
P C C			ATTENDING MED STAFF SIGNE
d b	1.8		22c PHYSICIANS 22d ADDRESS / 3 / / / // Chan Date of the control
old of			NAME AND DE TOTAL OF THE PARTY
she B	40		George Jennings Hagerstown, CHd
NE 3		23	BURIAL, CREMATION, 236 DATE THEREOF 23: NAME O CEMETERY OR CREMATORY 23d. LOCATION (City, town, or caunty) (State)
may to FUN		1	SUFIAL (Specify) 10/24/60 Robinsonville NE Cem. Bedford Co. Pa.
5 5 0 0 ±		24	
VR A15 (4)			FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE OCT 2 6 '60 CITY 3. PINERAL ADDRESS ADDRE
15M 9/59		Z	TOWARD James MADATE.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11940

		11983 CERTIFICATE OF DEATH	20-0
		PLACE OF DEATH Was hengton MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution- Residence o. STATE b. COUNTY b. COUNTY	before admission)
		CITY OR TOWN (If outside corporate limits, frite c. LENGTH OF STAY IN 1b COLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life Mangansurile	
	19	NAME OF HOSPITAL (If not in hospital, give street address) RE INSTITUTIONAL MA. Maugansville, Md. Maugansville, Md.	e. IS RESIDENCE ON A FARM? YES NO
	(NAME OF CITCH First C, Middle SHANK OF DEATH OCT 25	Day Year
	SS	WIDOWED DIVORCED 2/25/188/ Jost birthdoy) Months D	YEAR IF UNDER 24 HRS loys Hours Min.
		House Keipen Home West Va.	S.A.
)		With Rutherford Fannie Metz	
	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 THEORMANT Address Many	insully,
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). Xentricular fibrillation	onset and death 15 minute
		Conditions, if ony, which gove rise to immediate (b)	7 days
	_	couse (o), stoting the under DUE TO lying couse lost. (c) Arteriosclerotic heart disease	Indefinite
	CATION	Part II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I Preumonia right lower lobe	PERFORMED?
	CERTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (Control of work	unty) (State
		21. I certify that (I) (this haspital) attended the deceased fram November, \$2.1950 leath 19 saw the deceased alive an October 25, 1960 that death accurred 3:05 P. Mom the causes and an the	, that (I) (we) las
		220. SIGNATURE M.D. ATTENDING MED DIRECTOR PHYS.	226 DATE SIGNED
		22c. PHYSICIAN'S NAME (Type) Robert F. Keadle, M. D. 22d ADDRESS 318 N. Potomac St., pagerstown,	Md.
	23a	BURIAL CREMATION, 23b. DATE THEREO 23c NAME OF SEMETERY OF CREMATORY COUNTY)	(Stote)
à.	24.	FUNERAL DIRECTOR'S SIGNATURE JODRESS 250. REC'D BY REGISTRAR 250. REC'STRAR'S SIGNATURE DIRECTOR'S SIGNATURE DIREC	

O HOSPIT OR ATTINDING PHYSICIAN: The law requires that the deoth c—rificate be executed within 24 h. is after death. Page 4 may be need by the hospital or oltending physician.

D FUNEX Alter this certificate has been signed by the attending physician and completely filled to the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Lages I and 2 should be filled with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 2 haurs offer death. may be TO FUNER

TO HOSPI VR A1S (4) 15M 9/59



Hagerstown Wash Co Md.

DATE

'W			11949 DIVIS	SION OF STATISTICAL RESEARCE CERTIFIC	CATE OF DEATH		11941	
Page 4		1. 🖟	LACE OF DEATH COUNTY Washing ton	MARYLA	II a STATE	here deceased lived. If institutions Re		
funeral yid be fi			CITY OR TOWN (If autside carporate lim RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 20 Yrs		autside carporate limits, write RURAL		
d 2 sho	Y	c	A. NAME OF HOSPITAL (If not in haspital, or INSTITUTION 120 Calvert		d. STREET ADDRESS	Lvert Terrace	e IS RESIDENCE ON A FARM? YES NO	
illed in pes 1 on oth.	,		Type or print) JOSEPH	WDNGER SHA	NK Sr	4. DATE Month Of tober		
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and cam on pape 2 hours				done 10b. KIND OF BUSINESS OR I	Hagersto	wn Wash co Md.	2. CITIZEN OF WHAT COUNTRY USA	
racian o			FATHER'S NAME Benjamin Shan			oeth Braper		
th certif		15. WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Yes W. W. # 1 214-09-0117 Mrs Eloise W. Shank 120 Calvert Ter.						
e attendent plea			1B. CAUSE OF DEATH (Enter only one or PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c	Rheumatic He		stown Ma.	INTERVAL BETWEEN ONSET AND DEATH	
es that it ed by th mit. Th oval, an			Canditians, if any, which agave rise to immediate	D b)	and	artic Invofacie	sey 50 yrs	
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The law g physic hos be urial-tro imation,	0	FICATION	20g. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCC	_		PERFORMED? YES NO	
attendin artificate os the b		AL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manih, Day, Ye		e. PLACE OF INJURY (Hame, form		(Caunty) (State	
G PHYS oital ar ir this ce far use iar to bu		MEDICAL	Haur a. m. 19	While Nat while at work at wark	factory, street, affice bldg., et	c.)		
TENDIN The hosi OR: Afte	1		21. I certify that (I) (this hospital saw the deceased alive an / b. 22a SIGNATURE	i) attended the deceased from 127186_0, and the	and death accurred a	Auram the causes and a	n the date stated above 22b. DATE	
GR AT	1		Lally M-U	Selty	M.D. PHYS. D	ED. STAFF IRECTOR PHYS.	1017-	
SPIT be IERAN. 3 shou ate Bao		230	NAME (Type) Dalton W. Wolt BURIAL CREMATION 235 DATE THERE			Omac Ave. Har		

TO HOSPIT may be TO FUNERA: VR A15 (4) 15M 9/59

Butial 10/19/60
24 FUNERAL DIRECTOR'S SIGNATURE

Andrew K.

Coffman Hagerstown Md.



24 FLNERAL DIRECTOR'S S GNATURE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11942

25b. REGISTRAR'S SIGNATURE

Curling S. Home

250 REC'D BY REGISTRAR

DATE OCT 2 5 '60

11004 CERTIFICATE OF DEATH	
a COUNTY	an)
WASHINGTON MARYLAND WASHINGTON	
RURAL ond give neorest town)	
DEAVER GREEK SYEARS DEAVER CREEK NURAL	
OR INSTITUTION II //	FARM?
FLAGERSTOWN MD. R.I. HAGERSTOWN MD. YES	NO [
DECFASED	ear
(Type or print) (ALL) I A.M. ISIAH SCICIC DEATH DETABLES 16.	96
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER	R 24 HI Min
	Mill
100. JSUAL OCCUPATION (Give kind of work done 10% KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)	DUNTR
KETTER EMPLOYED WASH, CA-KOAD DEPT LEITERSBURG WASH, CAMID, USA	
13. FATHER'S NAME	
SIMER SIICK MARY SHOWE	
IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT. Address	
(Tes, no, or unknown) ; (if yes, give war or dates of service)	
	WEEN
PART I, DEATH WAS CAUSED BY A TRUE CORE LESSUE of right living ONSET AND	
	2763
* 8 - 7	
gove rise to immediate	
couse (o), storing the under-	
(0)	LITOPS
₹ Prektor	CWEDS
0	NO
© OR CONTRIBUTING CAUSE OF DEATH	
	164
Hour o. m. While Not while factory, street, office bidg, etc.)	(Sto
21 1 certify that (1) (this hospital) attended the deceased from. 10-16-, 1960, to 10-16-, 1969 that (1) (v	ve) lo
	abov
	.DATE SIGN
JOSEPH SECONDAR M.D. PHYS D DIRECTOR PHYS. 10/18/60	5.51
22d ADDRESS ZI NOTTH Main St.	
Joseph Secondari, M. D. Boonsboro, Maryland	
230 BURIAL, CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote)
BURIAL OCT-19-1960 BOONSBOILD CEMETICRY BOUNSBOILD WASH, CO.MD.	
	1. PLACE OF PEATH O. COUNTY MARYLAND D. STATE D. COUNTY MARYLAND D. STATE D. COUNTY MARYLAND D. MARYLAND D. MARYLAND D. COUNTY MARYLAND D. MAR

TO HOSPIT OR WS1 NOV BE TO FUNERAL OIR POSE 3 should be the Stote Board

ATTENDING PHYSICIAN: The law requires that the Beath certificate be executed within 24 hy by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH (1) (2) TO DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11042

Š	11000	CERTIFICA	TE OF DEATH	X.I.	UZU
1557	1. PLACE OF DEATH a. COUNTY AM AS HIM G-TO A	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	e deceased lived. If institution Residence	before admission)
7	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16		side corporate limits, write RURAL and giv	
9	CAVETOWN	13 YEARS	PAVETO	YV N	
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address) /	d. STREET ADDRESS	OWN MP.	e. IS RESIDENCE ON A FARM? YES NO M
	3. NAME OF First	Middle		I. DATE Month	Day Year
	(Type or print) CATHERAN	NAAMI .	SMITH	OF	1960
		LACI-DIANT	B DATE OF BIRTH	DC10707774 * *1	YEAR IF UNDER 24 HRS
	· ·		MAIL IN 10-0	lost birthdoy) Months D	Days Hours Min.
	CTEMALE WHITE WIDOWI		MOX 115 1981	70 yrs. 10 2	7
	106 USJAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or	toreign country?	EN OF WHAT COUNTRY?
		WN HOME	KEEDVSVIL	LE WASH, CO-MD.	VSA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	BENLAKAMI, M	ACAIT 12	FMMA	7. DAVIS.	
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 IN	IFORMANT	Address	
	(If yes, give war or dates of service)	MONE: 4)	NO. H. SULLEH	SR. (DAVETENIANI)	NASH CEMP
	1B. CAUSE OF DEATH [Enter only one cause per lin	se for (a) (b) and (c) 1	THE TERMINATE	ONI CITAL, I DIVINI	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	0. (4), (5), (10), (110 (6)-	16/0 -11	0	ONSET AND BEATH
	IMMEDIATE CAUSE (o)	erellae	venous	magie.	1 Lucus
	Land X DUE TO		011	0 0	13.
	Conditions, if any, which (b) 40	perpensione	Cardio Vostu	Las Renol Descene	10 41
	cause (a), stating the under-	/			
	lying couse lost. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	al disease condition given in Part	1(o) 19 WAS AUTOPSY PERFORMED? YES NO 10
		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Par	rt I or Port II of item 1B)	
		20f. (City or town) (Co	ounty) (State)		
	Hour o.m. While	Not while fac	tory, street, office bldg., etc.)		(0.4.4)
	p. m. 19 of wor				
	21. I certify that (I) (this haspital) attend	8. to Oct 7 , 19 Ge	c) that (1) (we) last		
	saw the deceased alive an OCT	leath accurred at 2 16 N	A, from the causes and an the	date stated above	
	220. SIGNATULE				22b DATE SIGNED
	Cakelli Co	usad	M.D PHYS MED	CTOR PHYS	10-10-60
	22c. PHYSICIAN'S NAME (Type) 2 6 4 7	1	22d. ADDRESS	t land	
	Mobert /.C	portro	Hage	solvery, the	
	23a BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY 2:	3d_ LOCATION (City, fown, or county)	(State)
	REMOVAL (Specify)	BONNICE NO	(PENNETERY	PROMORAGA WAR CH	CAMD.
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	3 A A 250. REC'D	BY REGISTRAR 256 REGISTRAR'S SIGN	NATURE
	John Vall Page	DOONSBORD	DATE OCT		
		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T	DAIC UUS		

DEUNERAL SIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral diector. page 3 should be detached for use as the burial-transit permit. Then please remote carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any eyeff, with 72 hours after death Mr. Kaper P. C. and R.A. TO HOSPITAL OR ATTENDING MYSICIAN: The law requires that the method rentificate be executed within 28 ham may be do by the hospital or attending physician.

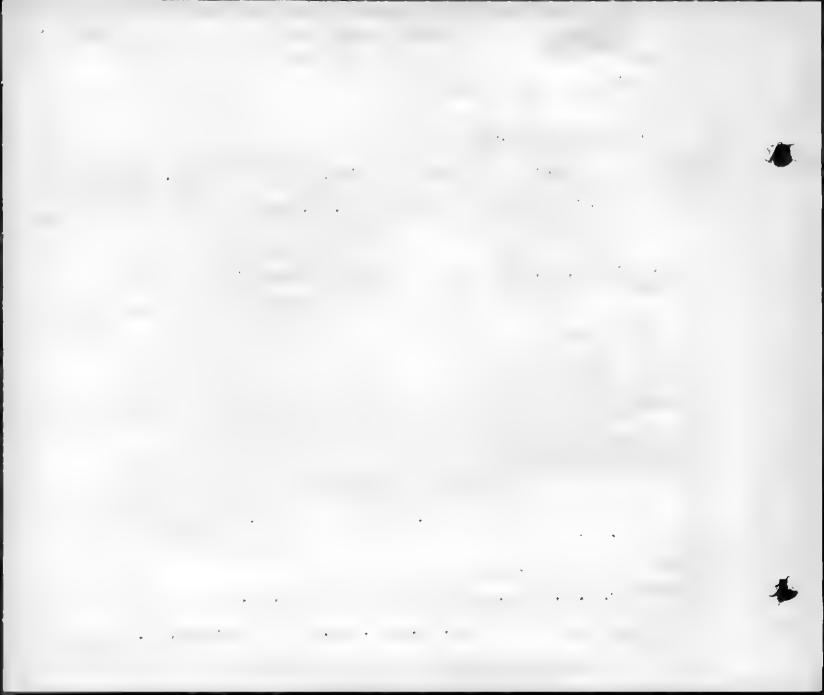
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to the other dinages. VR A15 (4) 15M 9/59

137 W. WASH. S

Softer death.



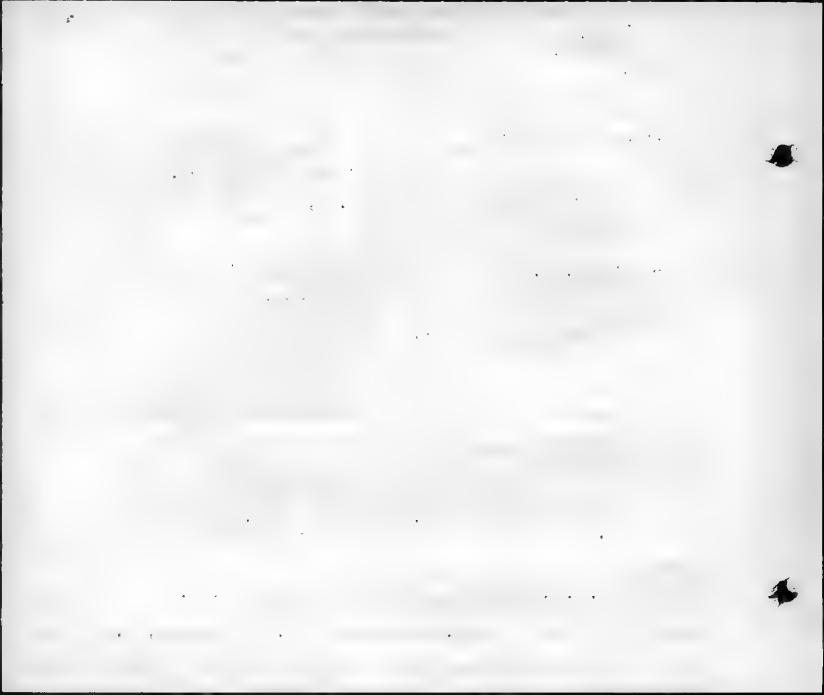
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ofter death. Page

within 24 hours

TO HOSPIT



after death. Page 4

the attending physician and campletely filled View the funeral director. Then please remove carban papers. Pages 1 and 2 should be filed with

may be. Thed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 , the State Board of Health prior to burial, cremation, ar remayol, and in any event, within 72 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 211

TO HOSP!

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11945

L-							
	PLACE OF DEATH a. COUNTY Wa	shington	MARYLAND	The state of the s	vland	. COUNTY	Frederick
		utside carporate timits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	autside carporate lim	its, write RURAL o	nd give nearest town)
	Hagerstow	n	6 days	Woodabo	oro r	ural	
		(If not in haspital, give stre		d. STREET ADDRESS		1 CX	e. IS RESIDENCE ON A FARM? YES NO
=				1	4. DATE		
	NAME OF DECEASED (Type or print)	Etta	Maye	STAUB	OF DEATH	Month / O	Day Year // 1960
5.	Female 6	Lillo 5 to	RRIED NEVER MARRIED	July 28, 1		(In years FUNI birthday) Manth	DER I YEAR IF UNDER 24 HRS Days Hours Min.
100	USUAL OCCUPATION	(Give kind of work done 10	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign country)	12.	CITIZEN OF WHAT COUNTRY?
		(B)	Own Home	0			U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN I			
	James Sto	ops		Liza	Kettoma	n	
15	WAS DECEASED EVER IN	N. U. S. ARMED FORCES? 1		NFORMANT		Address	
	No	Enter only one cause per		rs. Paul Zo	perb 1	Lewisto	wnm Maryland
	Canditians, if any, gave rise to imm cause (a), stating the lying cause last.	which (b) (b) or did to (c)	secondary cu costro intestina diverticulosis	al bleeding			onset and death 4 years 4 years
CERTIFICATION			S CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	IINAL DISEASE CONI	DITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY ME	UNDERLYING [] 206. D CAUSE OF DEATH DICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of s	tem 18.)	
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Whi	£-	ACE OF INJURY (Hame, farr ctary, street, affice bldg., etc	m, 20f. (City or taw	rn)	(Caunty) (State)
	21 I certify that { sow the deceased		Inded the deceased fram.				9.60, that (I) (we) last the date stated above.
	22a. SIGNATURE	ictor L. F	1	ATTENDING W	NED STA	FF S	226 DATE S GNED
	22c PHYSICIAN'S	VICTOR L. A		1500 PEn			tos potal. Hugerstown, ma
23	BURIAL, CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY C		23d LOCATION (
L	Burial (Specify)	10-15-60	Creagerst			gerstown	
24	FUNERAL DIRECTOR'S	IGNATURE	ADDRESS	25o. REC	D BY REGISTRAR	25b REGISTRAR'S	
16	[2] mond	64 magi	Thurmont, M	d. DATET	1 7 '60	arthur S.	Kraue



11968

_		LACE OF DEATH					2. USUAL RESIDEN	CE (When			Residence be	efore admis	sion)
ΛΙ) "		ashington		MARY	LAND	o. STATE Ma	ryla	and	. COUNTY 1	Washi:	ngto	n.
	b	RURAL ond give r	(If outside corporate timi	is, wrîle	c. LENGTH OF STAY	IN 1b	. c. CITY OR TOW	/N (If out	side corporate lim	its, write RUR	AL and give	nearest tow	n)
	W	illiams	port		65 yrs.		W1111	amsr	ort				
	0	I. NAME OF HOSPI	TAL (If not in hospitol, g	give street	oddress)		d. STREET ADDR	RESS					SIDENCE A FARM2
	1	37 N. A	rtizan St	•			137 N.	Art	tizan S	treet			NO 🔀
	3. P	NAME OF	Fir	rs I	Middle		Last	4	. DATE	Month		Day	Year
		DECEASED (Type or print)	Gertrud	de	Helen	6	Steffey		OF DEATH	Oct.		4	19 60
	5. S	SEX	6 COLOR OR RACE	7 MARR	IED X NEVER MARRI	ED B	. DATE OF BIRTH		9 AG		UNDER TYE		7
		Female	White	WIDOWI	ED DIVORCE		March 1	5 18	81 7	9 yrs ^	Mopths Doy	8 Hours	Min.
	10a	USUAL OCCUPATI	ON (Give kind of work rking life, even if relired	done 10b.	KIND OF BUSINESS C	R INDUST			_		12 CITIZEN	OF WHAT	COUNTRY?
		Housew	fe	' I	Home		Charl	ton	Maryla	nđ	U.	S.A	
1	13.	FATHER'S NAME					14. MOTHER'S MA	IDEN NA	ME				
		6	Samuel Gru	aber			Cat	heri	ne Bru	baker			
/	15. Yes	WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17, INF	ORMANT			1 3 ⁴ 7 ^{ddre} 1	N. Ar	tizaı	n St.
	1.44	NO	(it just, give ways as papers or a		None	Mr	. Willia	am S	teffey	Will	iamsp	ort.	ld
		18 CAUSE OF DE	ATH [Enter only one co	use per li	ne for (o), (b), and (c).	1		ı	, ,		H	NTERVAL B	ETWEEN
		PART I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Ane	mia due	10 C	hazonic	place	1005				7100
		171	DUE TO		4	17							
		Conditions, if	which)	· Con	clotherna 1,	7 6m	is him	LUIO	5 DRE	ad		3 V	125'
		gave rise to couse (o), stating	\ DHE TO	,					7				
		lying couse last		1_1	CLVIC 12	1014	151 A 3 LS	Ś					
	Z O	PART II. OT	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT F	NOT RELATED TO TH	E TERMIN	AL DISEASE CON	DITION GIVEN	IN PART 1(o	19 WAS	AUTOPSY ORMED?
	FICATION											_	NO []
	CERTIF	20a ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	YAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRED	. (Enter nature of in	jury in Pa	rt I or Port II of i	tem 1B)			
			RY Month, Doy, Ye	or 20d, II	NJURY OCCURRED		CE OF INJURY (Hom		20f. (City or tow	/n}	(Coun	ity)	(Stote)
	MEDICAL	Hour o.m.	10	While of wor	k at work	foct	ory, street, office blo	ig., etc.)				,,	
	2					5	<u> </u>	10	1		10	45 - A 213	6
		saw the deced	at (I) (this haspital	i) arrend								. ,	
		220 SIGNATURES	sea alive ali		/ and	rnar ae	eath accurred a	<u> </u>	n, from the c	auses and	on the oc		2b DATE
1		9	In a. 17	lora	4V	N	ATTENDING PHYS.	MED	CTOR THE	rs 🗆		10/5	SIGNED
L		22c PHYSICIAN'S NAME (Type)	Town 1 A	1-2	in M		22d. ADDRESS 2/5/	. 1.	ASHINE	-TINIS	T. Ha	1 . 120	7
		<u> </u>	JEHRY A. I.	ICKI	1/7 (1.)	<u> </u>					1., 14	0115	16 11
1	-	BUR AL, CREMATI- REMOVAL_(Specif)	1) 0 4		23c NAME OF CEM				Bal LOCATION (6			(Sto	
	-	urial	Oct. 7	196	*	IWII (Cemetery						u.
34	24.	FUNERAL DIRECTO	K S SIGNATURE	11	ADDRESS	Juny.	1		BY REGISTRAR		rar's s gna Imp 2. H		
4	34	Minte	U. 1800	-16	1110014	/ 1.1	ACR DA	ATE QC	D On	Like	- La . 10		

oy the funeral director, and 2 should be filed with urs ofter death. Page 4 may be the bound of the hospital or attending physician.

2 FUNERT DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Baard of Health prior to burial, cremation, or remayal, and in any event within 72 haurs offer death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

may be T TO HOSPI VR A15 (4) 15M 9/59



MARYLAND

c. LENGTH OF STAY IN 16

a. STATE

d STREET ADDRESS

VIARULAND

WASHINGTON

ACI. 1751 0 WN

1 PLACE OF DEATH a. COUNTY CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) d. NAME Of HOSPITAL (If not in haspital, give street address) 5 SEX

director,

filled

completely

gug

physician

altending

the

þ

has been signed

physician

aftending

certificate

After

. JIRECTOR:

FUNERA es.

0

page the Sta

Filed

the funeral shauld be fil OR INSTITUTION STIERN NIAIRYLAIVO STATE FLOSPITAL WON SIBARD NAME OF Middle 4. DATE Month DECEASED OF Woodrow andrews DEATH Pages death (Type or print) 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years last birthday) after WIDOWED I DIVORCED | O yrs. papers. USJAL OCCUPATION (Give kind of work done done)

10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stote ar foreign country) during most of warking life, even if retired) haurs DNSTRUCTON pan LABORER SONAISBOKO 72 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME b c remave 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO please any 18. CAUSE OF DEATH [Enter only one cause peglish for (a), (b), and (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY 206. ACCIDENT WAS UNDERLYING A 20b DESCRISE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) ŧ (IF EITHER, NOTIFY MEDICAL EXAMINER) ä 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year 20d INJURY OCCURRED factory, street, office bldg., etc.) use a. m. While Nat while of wark of work p. m. 21. I **certify** that (1) (this haspital) attended the deceased from 5901. 2. 1960 to detached saw the deceased alive an 22a, SIGNATUR! ATTENDING PHYS. MED DIRECTOR M.D. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. Young E. Chun

WASHINGTON CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town)

> IS RESIDENCE ON A FARM? YES NO X

Day Yeor bER 27.1960

IF UNDER 1 YEAR IF UNDER 24 HRS. Months 12 CITIZEN OF WHAT COUNTRY?

WASH JCD. VID. II.S.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

A AMSIBORD

b. COUNTY

Address

DENSBARD NID.

ONSET AND DEATH one Week

INTERVAL BETWEEN

PERFORMED?

YES X NO T

(County) (Stote)

271960, that (I) (we) last 271960, and that death accurred at 257 M, from the causes and an the date stated above

22b, DATE SIGNED 460

BUR AL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City, town, or county (Stafe) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250 REC'D BY REGISTRAR

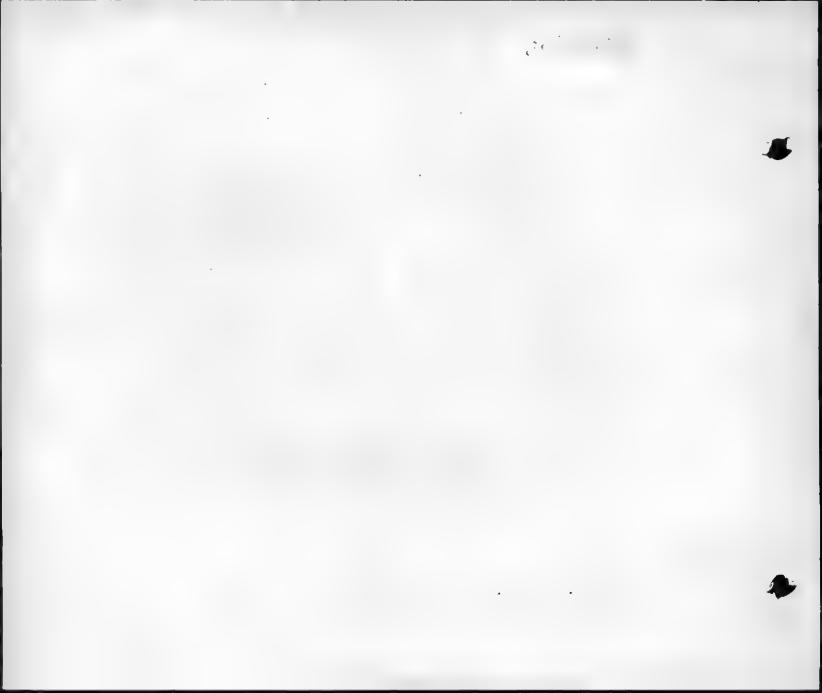
ODNISBARD

DATE

arthur I. Thous

VR A15 (4)

ISM 9/59



the attending physician and campletely filled on by the funeral director. Then please remove carbon papers. Pages 1 and 2 shauld be filled with and in any event, with 77 haurs after death. after death. Page 4 LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h may be The DRECTOR: After this certificate has been signed by the attending phypage 3 shauld be detached for use as the burial-transit permit. Then please remained state Board of Health prior to burial, cremation, ar remaval, and in any event.

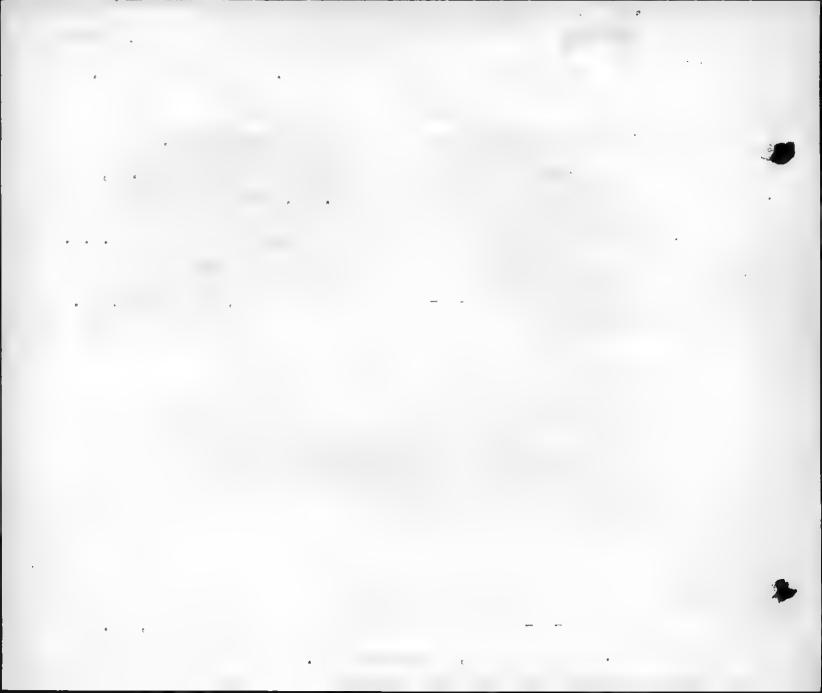
11954

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11949

			11					
1. PLACE OF DEATH o. COUNTY	Mashington	MARYLAND	2. USUAL RESIDENCE (WI		If institution COUNTY	n. Residence b Wash		sion)
b. CITY OR TOWN (If RURAL ond give ne	outside corporate limits, write arest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If		s, write RU	RAL and give	nearest tow	n}
Hagersto		30 years	Hagerst	own				
d. NAME OF HOSPITA OR INSTITUTION Washing t	AL (If not in hospital, give street on County Ho	spital	d. STREET ADDRESS 761 Jef:	ferson B	Lvd.	1	ON A	SIDENCE A FARM?] NO []
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	n	Day	Уеог
(Type or print)	Mary	Pany	Stubits	OF DEATH	00	et. 7,		19 60
s. sex female	6. COLOR OR RACE 7. MAR		O ct. 18,	1904 9. AGE	3 44 74 1	Months Doy		ER 24 HRS Min.
10a. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote	or foreign country)		12. CITIZEN	OF WHAT	OUNTRY
seamstre	ing life, even if retired)	adies appare	el Austria	a		U.	S.A.	
13. FATHER'S NAME	-		14. MOTHER'S MAIDEN					
	Joseph Pany			Unkne	DWI			
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT		Addre	156		
no	If yes, give war or dates of service) 2	14-09-8593	Ignatz Stu	bits, Ha	gerst	town,	Md.	
	TH [Enter only one couse per li	ne for (a), (b), and (c).	- 0-	1			NTERVAL BE	
PART I DEA	TH WAS CAUSED BY TAMMEDIATE CAUSE (o)	Mepler	OD Clave	si 2			142	ar.
1	3 X DUE TO		ρ_{-}				V	
Conditions, if or gove rise to in		arten	100 CKEN	tsis_				
couse (o), stoting t								
lying couse lost.) (c)							
PART II OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE COND	TION GIVE	N IN PART 1(c	PERFC	DRMED?
5		A4	pertension		100	secro-	YES [NO X
	S UNDERLYING (1) 20b. DES (1) CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURE	ED. (Enter noture of injury in	Port I or Fort II of ite	m 18.)			
20c. TIME OF INJURY Hour o. m.		E.	LACE OF INJURY (Home, fornoctory, street, office bldg., etc.	n, 20f (City or town)	(Cour	ity)	(Stote
2 p. m.	19 While of wo							
1	t (I) (this haspital) attend			60 , ta 10				
saw the deceas	ed alive an ./D//	19_@Qand that	death accurred at 121	M, from the co	uses and	d an the de		d abave
Ke	Shed Uhla	mobell	M D PHYS	IED. STAF	F		10/	SIGNET
22c PHYSICIAN'S NAME (Type)	RobertV	.h. Campbe	22d. ADDRESS	enstor	15-71	W	16	
23o. BURIAL, CREMAT OF REMOVAL (Specify)		23c NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (Co	ly, town, or	r county)	(Sto	te)
burial	10-10-60	Rest Haven	Cemetery	Hager	stowr	1, Md.		
24 FUNERAL DIRECTOR'S		ADDRESS			25b, REGIST	TRAR'S SIGNA	TURE	
Scott F.	Minnich & S	on. Hagarate	DATE CIVIL	T 1 0 '60	Qu!	un & Hu	and a	

TO HOSPI VR A1S (4) 1SM 9/S9



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 11955CERTIFICATE OF DEATH after death. Page 4 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) B. COUNTY o. STATE b. COUNTY WASHINGTON MARYLAND MARYLAND De a b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) न LIFF HAGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS SNYDLR AVE. COUNTY HOSPITAL NAME OF 4 DATE Manth Middle BABY GIRL SWEENEY OCTOBER death (Type or print) DEATH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED X B DATE OF BIRTH complemiy last birthday) Months 10/13/60 DIVORCED | WIDOWED | YES. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician UNKNOWN DELORES MAXINE with SWEENEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT MRS. ADMER SWEENEY NO attending NONEplease 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). Atelectosis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which permit has been signed gave rise to immediate DUE TO cause (a), stating the underlying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119. WAS AUTOPSY crematian, 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) factory, street, affice bldg., etc.) Haur o.m. Not while ot work ot work 27 1 certify that (1) (this hospital) attended the deceased fram. /D 1960 to 10-13 1960 that (1) (we) last 1940, and that death occurred at 572M, from the causes and an the date stated above saw the deceased alive an ed by the I 22a, SIGNALURE ATTENDING MED DIRECTOR pe M.D. PHYS PHYS 22c PHYSICIAN S NAME (Type) 22d, ADDRESS 3 should FUNERAL page 3 sh DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, Town, or county) 230 BURIAL CREMATION, 23b ROSE CEM. HAGERSTOWN 9 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATUR 25o. REC'D BY REGISTRAR VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

11950

Days

(County)

e IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO D

> > (Stote)

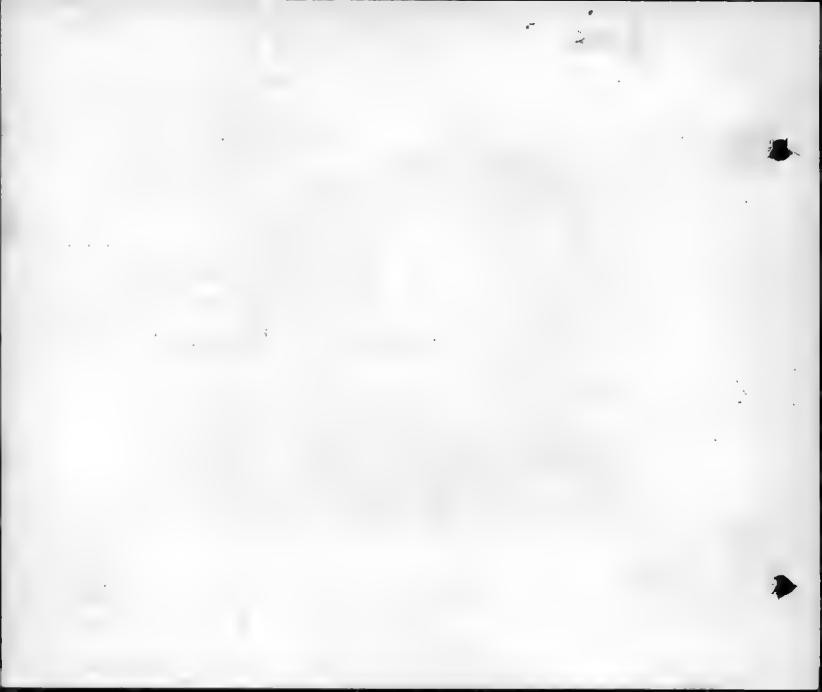
22b DATE SIGNED

YES NO K

Year

19 60

Min



MARYLAND STATE DEPARTMENT OF HEALTH



11957

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11952

	1. PLACE OF DEATH	hington	MARYLAND	2. USUAL RESIDENCE (V		b. COUNTY	7.7	before admis	ision)
/	b. CITY OR TOWN (III RURAL ond give no	foutside corporate limits, write arest town)	tength of stay in 16	c. CITY OR TOWN (H	outside corpora	ete limits, write RI	JRAL and give	s nearest low	m)
	d. NAME OF HOSPIT	AL (If not in hospital, give street County Hospital	address)	d. STREET ADDRESS	vin Ave	•		ON.	SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	AMELIA	YOUNES	TOOMA	4. DATE OF DEATH	October		Day 8	1960
	s. sex Female	White WIDOW	RIED NEVER MARRIED DED IN DIVORCED	s. date of Birth January 14.	1896	AGE (In years lost birthday)	Months Do	TEAR IF UND	Min.
	100. USUAL OCCUPATION during most of work HOUSEWILE 13 FATHER'S NAME	N (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR INDU	DSTRY 11 BIRTHPLACE (SIGN	Lebano			S.A.	COUNTRY?
		es Barkett		Mel	eke Gaz	ell			
		R IN U. S. ARMED FORCES? 16.		NFORMANT		Addi			
	no	none	B M	r. Fred A. To	oma	Hagersto	own, Ma	ryland	
	Conditions, if or gave rise to it couse (o), stating lying couse lost.	mmediate DUE TO (c)	terio sclere brillation	Myocardi	disease if fail	urf		H-4	12+
	PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1	PERF	ORMED?
		S UNDERLYING 206 DES CAUSE OF DEATH MEDICAL EXAMINER;	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury i	n Part I or Part	Il of item 18 }			
	20c. TIME OF INJUR Haur o. m. p. m.	While	1	LACE OF INJURY (Home, fo actory, street, office bldg., e		or town)	(Co	unty)	(State
	21 I certify that saw the decease 220 Signature 22c Physician's NAME (Type)	th (1) (this hospital) after- sed alive an 7.24 Lusby F. F. Lusb		peath accurred a/2	256 to	he causes and STAFF THYS. The MUL S		that (1)	
	23a SURIAL, CREMATIO REMOVAL (Specify) Durial	10/11/1960	Rose Hill Cer			ON (City, town, rst own	ar county)	Maryla	and
,	24 SUNERAL DIRECTOR	s signature uzer Funeral Ho	ome Hagerstown		OCT 1 3 '6	AR 25b. REGI	STRAR'S SIGN		

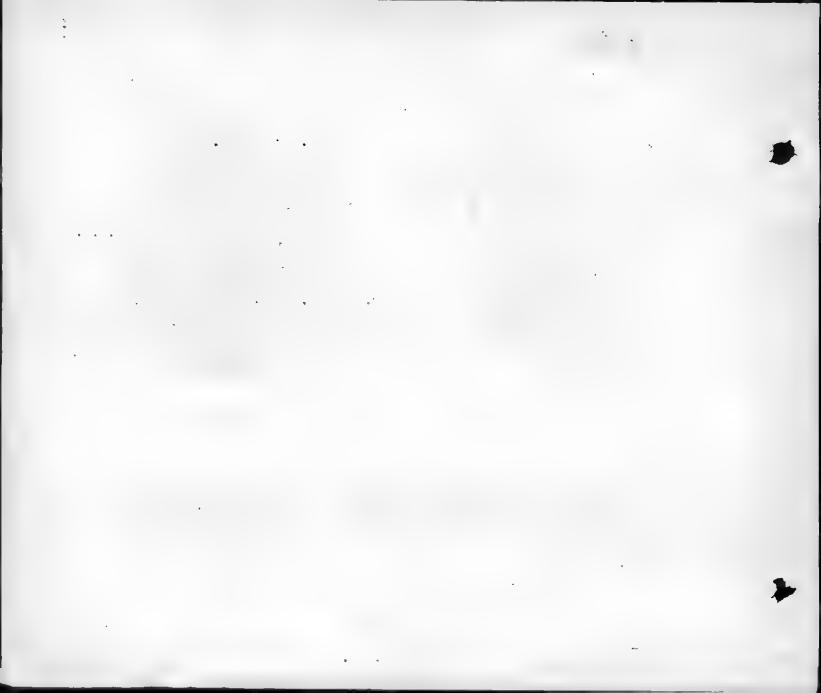
may be the day the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 22 bours after death VR A1S (4) 15M 9/59

L OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

TO HOSPIT

after death. Page 4





1, PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived. If instituti	on: Residence before admission)
Washington	MARYLAND	o. STATE Marvland	b. COUNTY	Washington
b CITY OR TOWN (If outside carporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 1b		ulside corporate limits, write R	URAL and give nearest town)
Hagerstown	8 Hours	Hagerstow	m C	3,
d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE
Wash. Co. Hospital		470 Pangb	orn Blvd.	ON A FARM? YES NO25
3 NAME OF First	Middle	Last	4. DATE Mon	th Day Year
(Type or print) George Ferdinan	nd Weagly S	r.	OF DEATH Oct.	20 1960
S. SEX 6. COLOR OR RACE 7. MARR	IED 🛣 NEVER MARRIED 🔲	8. DATE OF BIRTH	9 AGE (In years lost birthdoy)	
Male White WIDOWE	D DIVORCED	Sept. 20,18		Months Doys Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote	or foreign country) Pa.	12. CITIZEN OF WHAT COUNTRY?
Supervisor W.M.R.R.	Retiz ed	Wavnesbor	o Franklin	Co. U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
William E. Weagly		Samantha	J. Weagly	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 IF	NFORMANT		ress Hager - town
(Yes, no, or unknown) (If yes, give war or dates of service)	<u>kr</u>	s.Rena Weag	ly 470 Pang	
18. CAUSE OF DEATH [Enter only one couse per lin	ne for (6), (b) and (c).]	1.	A	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	aransola	The iscart	Hexense	SZUKA
420 O DUE TO			-	
Conditions, if ony, which) (b)				
gove rise to immediate				
lying couse lost.				
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	/EN IN PART I(o) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. II Hour o. m. p. m. 19 of worl				PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING DON CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	art t or Port II of item 18.)	
G OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	,			
3 20c. TIME OF INJURY Month, Doy, Year 20d. IN	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form		(County) (Stole)
Hour o.m. While of world	INDI WILLIE	ctory, street, office bldg., etc.)	
		9/2 2 30	a. Box 2	2 20 604 104 11
21. I certify that (I) (this haspital) attend		1 - 0	12 to Car se	2 19 60 that (1) (we) last
saw the declased alive on?	17920 and that a	leath occurred alb.32	M, from the causes an	nd an the date stated above. 22b DATE
These / nelem	and a	M.D PHYS MI	STAFF PHYS	SIGNED
22c. PHVSICIAN'S		22d. ADDRESS 15		- Ch Ch
NAME (Type) Philip J. Hirsh	man, M.D.			
230. BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O		erstown Mary	
L REMOVAL (Specify)			7.7	30
Burial 10-23-60 24 FUNERAL DIRECTOR'S SIGNATURE	Rest Haven		BY REGISTRAR 256 REGI	Maryland STRAR'S SIGNATURE
		n n	T 0 F 100	
Andrew K. Coffman Hag	ergrown wars	VISIO DATE	, x 0 00	return S. France

TO HOSPYAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Laurs after death. Page 4 may 1.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled. It by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 should be with the State Board at Health prior to burial, cremation, ar remayal, and in gay event, within 72 haurs ofter death.

VR A15 (4) 1SM 9/S9

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18.



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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEA MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) is ner. Feron Fles. e. COUNTY J b. COUNTY e. STATE MARYLAND b. CITY OR TOWN (I outside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete fimils, write RURAL and give neerest town) Arrie RURAL and give negrest town) for your / (wine Board UKAL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospile), give street eddress) d. STREET retained State death 3. NAME OF DATE Middle Month unid be executed within 24 hours after death. If a in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be retaburial-transit permit. File-pages 1 and 2 with the Sovial, and in any eyeft within 72 hours after deapoval, and in any eyeft within 72 hours after deapoval. OF DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR | IF JNDER 24 HRS last birthdey) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY dang-during most of working life, even if retired) REHARDIST 13. FATHER S MAME 14. MOJHER'S MAIDEN NAM This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) Office along with burial-transit permi 18. CAUSE OF DEATH [Enter only one cause per ine for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** removal, (b) "pending" geve rise to immediate cause execute the certificate, writing the word "pending" ro. DUE TO (e), sletting the underlying S 6 cause lest. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION Medical Ex should be t 20b, DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 1B.) 200. EXTERNAL CAUSE WAS PRIMARY 73 CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 Month, Day, Year 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY sectory, street, office bldg., etc.) Not While 0 MED at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection A Accident L Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL. ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S plnods NAME (Type) Address (Street, city, town, or county) NAME OF CEMPTERY OR CREMATORY 220, BURIAL, CREMATION DATE THEREOF 22d. LOCATION (City, town, or country) H REMOVAL (Specify) 0 40 15 NOWA REC'D BY REGISTRAR 1/145. REGISTRAR'S SIGNATURE SUNERAL DIRECTOR ADDRESS 24e. A15ME

LAND STATE DEPARTMENT OF HEA

e. IS RESIDENCE ON A FARM?

YES NO

1960

Yeer

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO A

> > (Stele)

and in my opinion

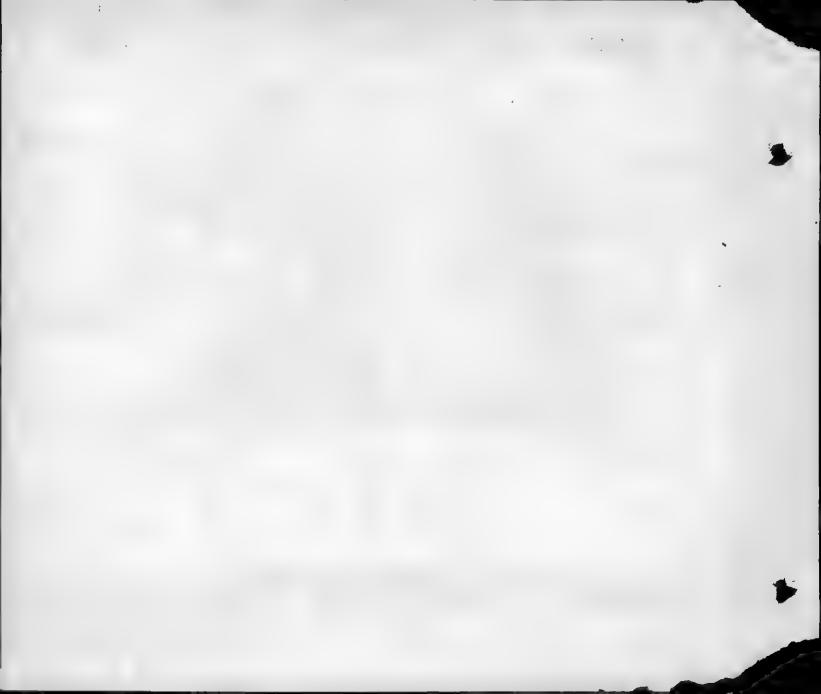
DATE SIGNED

(Slate)

Months

(County)

.'60



11957

	[136]	CERTIFI	CATE OF DI	EATH		1100	· E	
a. COUNTY	shington	MARYL	o. STATE	Maryland	b COUNTY	washing	ore admission ton	on)
b. CITY OR TOWN RURAL and give Hagersto		s, write c. LENGTH OF STAY IN 2 days	CITY OR T	OWN (If outside corr Hagersto		URAL and give ne	arest lown)	
OR INSTITUTION	on County H		d STREET A	odress liberty St	reet		e. IS RESID ON A F	FARM?
3. NAME OF DECEASED (Type or print)	BABY	GIRL,	WILSON	4. DATE OF DEAT	мал н Octo		7.5	960
Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Ontohom	22, 1960	9. AGE (In years last birthday) yrs.	Manths Days	R IF UNDER	24 H9 Min.
Oa USUAL OCCUPAT during most of wo NOTIE	ION (Give kind of work of rking life, even if retired)	lone 10b KIND OF BUSINESS OR	INDUSTRY 11. 81RTHPL	ACE (Stole or foreign rstown, Ma	country) ryland	12. CITIZEN C	S.A.	DUNTR
3. FATHER'S NAME Robe	ert Wilson		14. MOTHER'S	Malden NAME Maggie Lo	veless			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or doles of service) (If yes, give wor								-
Canditions, if gave rise to cause (a), stotim lying cause last	immediate DUE TO	DITIONS CONTRIBUTING TO DEAT	H SUT NOT RELATED TO	THE TERMINAL DISEA	ASE CONDITION GIV	ZEN IN PART 1(0)		UTOPS MED?
20g. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature o	f injury in Port I ar P	ort II of item 18.}			
20c TIME OF INJU	10	or 20d. INJURY OCCURRED While Not while of work of work	Oe. PLACE OF INJURY (I foctory, street, office		ity or town)	County	4)	(Stol
//	at (I) (this haspital	attended the deceased f	hat death accurred M.D. PHYS. 22d ADDRE	MED.	n the causes on	10 V	22b	
230 BURIAL CREMATI REMOVAL (Specifi Burial	11/1/	4 /	ERY OR CREMATORY		ATION (City, town,		(State) arylai	
	rs signature uner	Home ADDRESS		25a. REC'D BY REGI	STRAR 25b REGI	STRAR'S SIGNATI	URE	

may be L TO FUNER N.C. I VR A15 (4) 15M 9/59

more

director,

Then please remaye carbon papers. Pages I and 2 should be finded and in any event within 72 hours after death.

urs after death. Page 4

ATTENDINE FHYSICIAN: The low requires that the destinate be executed within 24 ha

may be. It by the haspital ar othending physician.

Deuneral Direction and completely filled by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 the State Board at Health priar to burial, crematian, ar remayol, and in any event.

R'S S'GNATURE 8. Kraus



irs after death. Page 4

may be LONERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled with the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Images 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

GR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h.

TO MOSPIT

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11958

1	1	962	DIVISION
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										-	
1, PLACE OF DEATH o. COUNTY	ashington		MARY	LAND	2. USUAL RESIDE	Maryl		ived. If institute b COUNTY		pefore odmiss ngton	ноп)
b. CITY OR TOWN (RURAL and give in Hagerste		is, write	42 years	IN 16	c CITY OR 1		utside corporoi	te limits, write R	URAL and give	nearest low	1)
OR INSTITUTION	County Hos		(dress)	•	street A	DDRESS	cust S	t.			FARM?
3. NAME OF DECEASED (Type or print)	GEOR G		Middle HARPER		WOLFE		4. DATE OF DEATH	October	th	- 1	Yeor 1960
5. SEX Male	6. COLOR OR RACE White	7. MARRIE	DIVORCEI	_	September		1891	AGE (In years last birthday) 69 yrs	Months Do		Min
retired me	king life, even if retired		ind of Business o	R INDU	Mt.	Jack	son, V	irginia		•A•	OUNTRY?
13. FATHER'S NAME	anne M Wa	10.			14 MOTHER'S		iame la Funk	houses			
15. WAS DECEASED EVE	eorge W. Wo	_	OCIAL SECURITY NO	. 17. II	NFORMANT	Amarino	a runk	nouser	ress		
(Yes, no, or unknown) NO	(If yes, give wor or dates of s	1 - 1	1-09-3280	Mı	rs. Eliza	beth	Coffma	n Hage	rstown,	Mary]	an d
Candilions, if a gave rise to i cause (a), stating lying cause last.	mmediate (DUE TO	Clro	emico vicio	Selection of the Bott	ones levate NOT RELATED TO	the terminal of the terminal o	MAL DISEASE	Melle Africant de CONDITION GIV	Seas VEN IN PART 10	3 4 19. WAS PERFO	DEATH OTOPSY RMED? NO II
O THE ELLHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCR	RIBE HOW INJURY O	CCURRE	D. (Enter nature o	f injury in F	Part I or Part I	l of item 18.)		11.5	
ZOc. TIME OF INJUI Hour o. m. p. m.	Y Month, Day, Yei	While at work	Not while at work		ACE OF INJURY (ctory, street, office			or town)	(Cou	nły)	(Stote)
21 I certify the sow the deced 220 SIGNATURE 22c. PHYSICIAN'S NAME (Type)	ot (1) (this haspital sed alive an 10, and 16,) attende 13/1 - 400		that o	death accurred M.D. ATTENDING PHYS 22d. ADDRI	G ME		STAFF PHYS		22	
23a BUR.AL, CREMATIC REMOVAL (Specify	ON 236, DATE THEREC	F	23c NAME OF CEM	_				ON (City, town,	ar county)	{Sta	le)
Burial	10/16/19	60	Rose Hil	1 0	emetery	05		stown,	STRAR'S SIGN	arylaı	ri
	ouzer Funer	al Hor		own	, Md.		D BY REGISTRA		Tulling L.		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11959

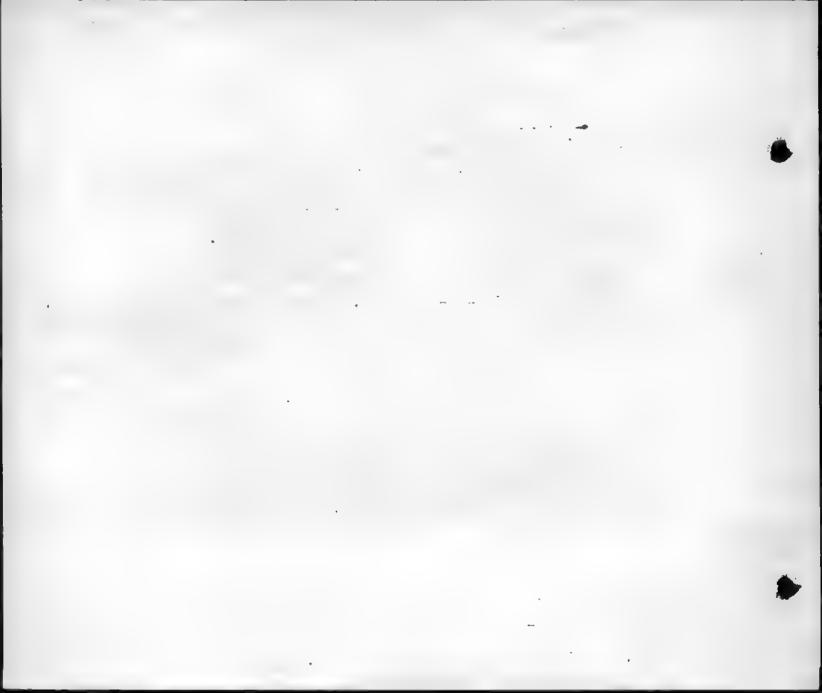
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TO HOSPIX OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haves after death. Page 4 may be made by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled ... by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, arematian, or removal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59

1. PLACE O	E DEATH Ashington		MAR	YLAND	a STATE	DENCE (Where	_	If institution.	n. Residence befor	e odmission) Ston
	OR TOWN (If autside corporate lin	nite write	c. LENGTH OF STAY	/ IN: 16				mike weite PII	IRAL and give neo	J
	nd give recrest town) Hagerstown		2 year			agerst	•	inis, wille no	TARE UNG GIVE THO	idai iowii)
d. NAME	OF HOSPITAL (If not in hospital,	give street	oddress)		d STREET A					IS RESIDENCE
Wash	ington County	Hos	pital		1 14	91 Sal	em Av	∍.		ON A FARM?
3 NAME O DECEASE (Type or	D 10 .	irst	Middle Algernon	•	Worth	4	OF DEATH	Monito to be:		Year 19 60
S SEX			IED NEVER MARR		B. DATE OF BIRTI	<u> </u>			IF UNDER 1 YEAR	,,,
1AT8]		WIDOWE			Aug. 9	, 1889	7	E (In years t birthday) yrs	Months Days	Hours Min
10a. USUAL	OCCUPATION (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (State or	foreign country		12. CITIZEN OF	WHAT COUNTRY
Sign	most of working life, even if retire al Maintainer	R	ailroad		Hil	lsboro	Md.			
13. FATHER:					14. MOTHER'S	MAIDEN NA	WE			
	Gallus 70	rth				Sarah	Ros	3		
15. WAS DE	CEASED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO) 17 if	NFORMANT			Addre	ess	
(Yes no, or an	(if yes, give war or dates of	70	5-10-590	2 M	rs. Fran	nces (rams	Hage	erstown	Md.
18. CA	USE OF DEATH [Enter only one of	ause per lir	ne for (a), (b), and (c)]		0.	01			RVAL BETWEEN
	PART I DEATH WAS CAUSED BY	Ca	testi	My	SACRET	dea	1 Any	ances	2021 3 /	ET AND DEATH
	DUE T			11	1	,	1	1	1	
Cond	itions, if any, which	(In	aisso.	W.	1111	shee.	to	line	100 sh	=1/-
	rise to immediate	b) 1/1/2	and it	بعر	me	Juna	1	1		1
	(a), stating the <u>under-</u> DUE T	Tes	tose	ras	we	Sk	ack	, ,	á	2 day
	PART II. OTHER SIGNIFICANT CO	NDITIONS C	ONTRIB TING TO DE	EATH BUT	NOT RELATED TO	THE TERMINA	L DISEASE CON	ID.TION GIVI	EN IN PART 1(a) 1	. WAS ALTERS
CATION										PERFORMED?
☐ OR CO	CIDENT WAS UNDERLYING ANTRIBUTING ACCUPANT CAUSE OF DEATHER, NOTIFY MEDICAL EXAMINER	1	CRIBE HOW INJURY O	OCCURRE	D. (Enter noture o	f injury in Par	t I or Part II af	item 1B }		
	E OF INJURY Month, Doy, Y	ear 20d 11	NJURY OCCURRED	20e PL	ACE OF INJURY I	Home, farm,	20f. (City or to	wn)	(County)	(Stot
	our o. m. p. m. 19	While of wor	Not while	fa	ctary, street, affic	a bldg., etc)			,	·
21. I c	ertify that (I) (this haspite	al) attend	led the deceased	from	2/12/60	2 12	_ , lo / D .	9.60	2_, 19, th	ot (I) (we) la
saw t	he deceased alive on 10	.9.66	19 one	d that d	death accurre	d all AN	, from the	couses and	d on the date	stated above
	GNATURE A									22b DATE
11.7	Stant for	in	4		M.D. PHYS.		CTOR PH	AFF YS.	-	SIGNE
	YSICIAN'S		V		22d ADDR	ESS	-			
N/	SEARLIVO	UI	VG M	D	de	Eger.	Tou	m/	ma	
230 BURA.	, CREMATION, 236. DATE THERE	OF	23c NAME OF CEA	AETERY C	R CREMATORY	7 2:	Bd LOCATION	City, town, o	er county)	(State)
Eur	/A: (Specify)	-60	Lincoln	Cen	netery	V	Chamb			
24 FUNERA	L DIRECTOR'S SIGNATURE		ADDRESS			2Sa. REC'D	BY REGISTRAR		TRAR'S SIGNATUL	ΙE
Scott	F. Minnich &	Son	Hagerst	town	Na d	DATEOCT	1 3 '60	ant	Lun S. Krow	4



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

				238.1	
				9.00	
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				States White morning	
A. O.	4 < 5			ra Aprila in Locale	
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		en de la companya de			
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		12.00		- 1	
	1 1 × 2		, c		
	Ul Comp		30 (120)		

TO HOSE ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pays after death. Page 4 may the fined by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in a page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the state Board of Health prior to burial, cremation, ar removal, and in any eyent, within 72 hours after death \$100.00 to \$100.00 MID BRUMSVIER

11987

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11961

	PLACE OF DEATH		2. USUAL RESIDENCE (Who as STATE	ere deceased lived	If institution: Reside.	dence befare admi	ission)
	WASHINGTON	MARYLAND	MARYLAN		WASHIA		
	RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	utside carporate li	nits, write RURAL ar	nd give nearest ta	vn)
1	DRAWAISVILLE- KURAL	LIFE	* BRAWAI	SVILLE	- RUPAL		
	NAME OF HOSPITAL (If nat in haspital, give street	address)	d. STREET ADDRESS				SIDENCE
	BROWNSVILLE	Min	BRANNAIS	V11/15 A	10	YES	A FARM?
2		MI D.	DKOMAS	4. DATE	CLIV.		
-	NAME OF First DECEASED Type or print) FITADETH	DANGE AND	VOURTEE	OF DEATH A 1	Month	Day	19 6 o
S. 5	EX 6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AG	E (In years IF UND	ER TYEAR IF UNI	
7	ENALE WIDOW	_	1.1 13 1	C 7 A los	birthday) Month	a Days Hour	Min.
100	USUAL OCCUPATION (Give kind of work dane 10b.		STRY 11, BIRTHPLACE (State	6 / O	10	ITIZEN OF WHAT	COUNTRYS
100	during most of working life, even if retired)	KIND OF BUSINESS OK INDU	SIRT II, BIRITE LACE (SIGIE	ar foreign caoimy)	12.0	THE EN OF WHAT	COUNTRY
	NONE	AT HOME	BROWAISKILL		SHICA.	MD.U.S.	H.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME			
	DRISIGHNTI VOUR	TEE	ANNI	E Bo	TELER		
	WAS DECEASED EVER IN U. S. ARMED PORCES? 16.	SOCIAL SECURITY NO. 17, II	FORMANT		Address		
Lie	, no, or unknown) (If yes, give war or date)	NONE CO	L. LEON R.Y.	CURTEE	BROKEN	SYLLE	NII7
	18. CAUSE OF DEATH [Enter only one cause per li	ne far (a), (b), and (c).	7	~ 7	10	INTERVAL IONSET AN	
	PART I. DEATH WAS CAUSED BY:	CULLIN	uscine He	out to	ulure	ONSE! AIN	1117
	DUE TO					2	and a
	1 2 2 3 1						
	Conditions, if ony, which (b)	2					
	cause (a), stating the under. DUE TO						
	lying cause last.						
O	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	IDITION GIVEN IN I	PART 1(0) 19. WA	ORMED?
CATION	Market I and the second					YES [
il.	20g. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I ar Part II af	item 18.)		
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
		NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm	20f (City or to)	en)	(County)	(State)
MEDICAL	Haur a.m. While	Nat while fa	ctary, street, affice bldg., etc.		7117	(County)	(sidio)
¥	p. m. 19 at war	rk at wark	11	1.		,	
	21. I certify that (I) (this haspital) aftend	ded the deceased fram.	6/13 19	60.10-1-6	1/9-19	60 that (1)	(we) last
	saw the deceased alive an 10/12	1 1960 and that	legth accurred at 7.1	M. from the	causes and an	the date state	d abave.
	22a. SIGNATURE						2b.DATE
	Macry	mello	M.D. PHYS. MI	ED. ST/	YS.		SIGNED
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	11.	11,	A .	,
	, white (1) per		House	unu	M-11/	U4 111	Mr.
23c	BURIAL, CREMATION, 236, DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION I	City, town, or count	v) (7	ate)
1	REMOVAL (Specify)	CT Lucas FO	101.00	-04 (2		100 10	n.
24	FUNERAL DIRECTOR'S SIGNATURE	DILUCES LP	ISCAPAL CEMET	CICU IV	KAWA/SYIL	SIGNIATURE	1
24.	FUNERAL DIRECTOR'S SIGNATURE	PADDRESS	A 4 -	D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
1	Juliu Kii Kisi	POONSBORD	TO DATE OC	1 2 5 '60	anthon;	& Kraue	

